

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


02 JUN 12 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600005893526--7
-06/20/02--01080--015
***1350.00 ***1350.00

REINSTATEMENT 98-02

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K41726

1. Corporation Name
ALCAN, INC.

2. Principal Office Address
21570 Plum RD
Suite, Apt. #, etc.

3. Mailing Office Address
21570 Plum RD
Suite, Apt. #, etc.

City & State
BOCA RATON

City & State
BOCA RATON

Zip
33433 Country

Zip
33433 Country

4. Date Incorporated or Qualified To Do Business in Florida 10/27/1988

5. FEI Number 65-0087564 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ALBERTO CANAS

Street Address (P.O. Box Number is Not Acceptable) 21570 Plum RD.

Suite, Apt. #, Etc. 1200-00 -ADM
601-25 -ARC
88-75 -ARSUPP

City BOCA RATON State FL Zip Code 33433

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN Date 06-11-2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>0</u>	<u>ALBERTO CANAS</u>	<u>21570 Plum RD</u>	<u>BOCA RATON FL 33433</u>
<u>0</u>	<u>ELYSE CANAS</u>	<u>21570 Plum RD</u>	<u>BOCA RATON FL 33433</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] ALBERTO CANAS Date 06-11-2002

Daytime Phone # 954-981-1040

CR2E081 (9/01)