


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 DEC 27 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000049227		
1. Entity Name GENESIS ALUMINUM, LLC		

Principal Place of Business 3039 N. CR 431 NORTH LAKE PANASOFFKEE, FL 33538	Mailing Address 3039 N. CR 431 P.O. BOX 1346 LAKE PANASOFFKEE, FL 33538
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2. Principal Place of Business		3. Mailing Address P.O. BOX 1346	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LAKE PANASOFFKEE	
Zip	Country	Zip FL 33538	Country SUMTER



12162004 REIN-LLC CR2E101 (6/04)

4. FEI Number 20-0441660	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROTH, CARL W P.O. BOX 1346 LAKE PANASOFFKEE, FL 33538		7. Name and Address of New Registered Agent Name CARL WILLIAM ROTH Street Address (P.O. Box Number is Not Acceptable) 3039 N. CR 431 NORTH City LAKE PANASOFFKEE FL Zip Code 33538	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carl ROTH* (NOTE: Registered Agent signature required when reinstating) DATE 12.22.04

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROTH, CARL W P.O. BOX 1346 LAKE PANASOFFKEE, FL 33538 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900043651189 Addition 12/27/04--01088--013 **155.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEHLING, JOHN T 11055 SE 55TH AVE. BELLEVIEW, FL 34420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANSHAW, JEFFREY L SR. 12691 SE 36TH AVE. BELLEVIEW, FL 34420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROTH, MARYANNE P.O. BOX 1346 LAKE PANASOFFKEE, FL 33538 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Carl ROTH* 12.22.04 352-568-1570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #