


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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SEC. OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L04000000007

1. Limited Liability Company's Name

DURRANT ALUMINUM, LLC

600067302086
03/07/06--01018--002 **150.00

600067302086
03/07/06--01018--003 **100.00
CR2E0417805

2. Principal Office Address

1230 Nela

Suite, Apt. #, etc.

3. Mailing Office Address

1230 Nela

Suite, Apt. #, etc.

City & State

Orlando - FL

City & State

Orlando - FL

Zip

32809

Country

Orange

Zip

32809

Country

Orange

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/22/03

6. FEI Number

03-0533564

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Kelly Durrant

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

1230 Nela

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32809

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1-23-06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MM</u>	<u>Kelly Durrant</u>	<u>1230 Nela</u>	<u>Orlando, FL 32809</u>

2004-2006

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date 1/23/06

Daytime Phone # 407 569 5103

Typed or printed name of signing Managing Member/Manager

Kelly Durrant