


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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FILED

08 AUG 11 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

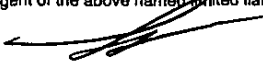
CR2E041 (12/07)

DOCUMENT # L04000062090			
1. Limited Liability Company's Name Hilson Aluminum LLC			
2. Principal Office Address - No P.O. Box # 10604 Branchton Suite, Apt. #, etc. Church Rd. City & State Thonotosassa Fla. Zip 33592 Country		3. Mailing Office Address 10604 Branchton Suite, Apt. #, etc. Church Rd. City & State Thonotosassa Fla. Zip 33592 Country	

4. State/Country of Formation Fla.	
5. Date Organized or Qualified To Do Business in Florida Sept 08. 04	
6. FFI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Kosan Richard R. ESQ.			
Street Address (P.O. Box Number is Not Acceptable) 112 West Windhorst Road			
Suite, Apt. #, Etc.			
City Brandon Fla.	State FL	Zip Code 33510	

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 	Date 8-5-08
REGISTERED AGENT MUST SIGN	

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
MEM	Hilson James E.	10604 Branchton Church Rd.	Thonotosassa Fla. 33592
REINSTATEMENT 06-08 GA			
300134089109 08/07/08--01046--002 **\$16.00			

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 James E. Hilson	Date 8-05-08	Daytime Phone # 813-629-1681
Typed or printed name of signing Managing Member/Manager James E. Hilson		