

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 23 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO5000088145

1. Limited Liability Company's Name

A-1 ALUMINUM L.L.C

09

000162080190
10/23/09--01040--006 **238.75 ✓

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # <u>4240 STEAMBOAT BEND</u>		3. Mailing Office Address <u>4240 STEAMBOAT BEND</u>	
Suite, Apt. #, etc. <u># 102</u>		Suite, Apt. #, etc. <u># 102</u>	
City & State <u>FORT MYERS FL</u>		City & State <u>FORT MYERS FL</u>	
Zip <u>33919</u>	Country <u>USA.</u>	Zip <u>33919</u>	Country <u>USA.</u>

4. State/Country of Formation <u>FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>9/17/2005</u>	
6. FEI Number <u>14-1966027</u>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>JOHN SCHERBICK</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>4240 STEAMBOAT BEND</u>			
Suite, Apt. #, Etc. <u># 102</u>			
City <u>FORT MYERS</u>	State <u>FL</u>	Zip Code <u>33919</u>	

☒ 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

John Scherbick

REGISTERED AGENT MUST SIGN

Date 10/17/09

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>MANAGING MEMBER</u> <u>OWNER</u>	<u>JOHN SCHERBICK</u>	<u>4240 STEAMBOAT BEND</u> <u>102</u>	<u>FORT MYERS, FL, 33919</u>
		<u>CU5</u>	

REINSTATEMENT

without Penalty 2009
up 10/28/09

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

John Scherbick

Date 10/17/09

Daytime Phone # 239-357-9654

Typed or printed name of signing Managing Member/Manager

JOHN SCHERBICK