

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 FEB -7 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L12878

1. Corporation Name

BEASLEY ALUMINUM PRODUCTS, INC.

W08-3941

2. Principal Office Address - No P.O. Box #

1428 S. RIDGEWOOD AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1428 S. RIDGEWOOD AVE

Suite, Apt. #, etc.

City & State

Deland, FL

Zip

32720

Country

VOLUSIA

City & State

DELAND, FL

Zip

32720

Country

VOLUSIA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/04/2002

5. FEI Number

592626319

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

BEASLEY, AL G

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

1428 S. RIDGEWOOD AVENUE

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32720

☒ The 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 reinstatement fee be waived.

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

*Al. G. Beasley*  
REGISTERED AGENT MUST SIGN

Date

1/18/08

**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
P/D	BEASLEY, AL G.	1428 RIDGEWOOD AVENUE	DELAND, FL 32720
STD	STOVER, JOSEPH	1428 RIDGEWOOD AVENUE	DELAND, FL 32720

600117544586  
02/07/08--01051--021 \*\*1050.00

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 contained in Chapter 119, 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:

*Al. G. Beasley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AL. G. BEASLEY

Date

1/18/08 384-736-8035

Daytime Phone #

B. Mitchell FEB 7 2008