

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 25 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L17294

1. Corporation Name

AMERICAN ALUMINUM & INSULATION CO. OF TAMPA, IN
C.

Principal Place of Business

Mailing Address

1801 OBERLIN RD
MIDDLETOWN PA 17057
US

1801 OBERLIN RD
MIDDLETOWN PA 17057
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1989

5. FEI Number

65-0161172

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HILL, DAVID	610 150 FULFILLING HILL RD 1801 Oberlin Rd	MIDDLETOWN PA 17057
T	EITLER, III V MICHAEL	1801 OBERLIN ROAD	MIDLETOWN PA 17057
S	KESSEL, DEBBIE K	1801 OBERLIN ROAD	MIDDLETOWN PA 17057
			800003447078--3 -11/01/00--01056--012 ****758.75 ****758.75
			REINSTATEMENT 00 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HILL, RICHARD T
18947 LACOSTA LANE
BOCA RATON FL 33496

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

Zip Code

FL

33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

VICTOR A. DUVA

Assistant Vice President

Date

10.24.2000

11. 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 under section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. Michael Eitler III

Date

Daytime Phone #

(717) 985-9045