

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **P00000033900**

1. Corporation Name  
**S & S ALUMINUM, INC.**

Principal Place of Business Mailing Address

**4195 S. TAMiami TR.  
 VENICE FL 34293** **4195 S. TAMiami TR.  
 VENICE FL 34293**

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

**FILED**

01 DEC 18 PM 2:34

SECRETARY OF STATE  
~~100004746751-8~~  
~~-01/02/02-01034-024~~  
 \*\*\*\*500.00 \*\*\*\*500.00

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida **04/03/2000**

5. FEI Number **LS-0890825** 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
1	2	3	4
	<b>Pres. Stephen Scimemi</b>	<b>3191 Traversee Ave North Port, FL 34286</b>	<b>North Port, FL 34286</b>
	<b>Vice Pres Helle Hoyer</b>	<b>4195 S. Tamiami Tr #121</b>	<b>Venice, FL 34293</b>
	<b>Secy Larry Archer</b>	<b>1124 Riviera St</b>	<b>Venice, FL 34285</b>

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 \*\*\*\*258.75 \*\*\*\*258.75  
 LS/LS

8. Name and Address of Current Registered Agent

**SCIMEI, STEPHEN  
 4195 S. TAMiami TR.  
 VENICE FL 34293**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code

**FL**

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 REQUIRED** Date **12/14/01**

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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 REQUIRED** Date **12/14/01** Daytime Phone # **941-650-0256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)