


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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


FILED

01 DEC 18 PM 2:34

DOCUMENT # P00000033900

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

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



Principal Place of Business Mailing Address  
 4195 S. TAMiami TR. 4195 S. TAMiami TR.  
 VENICE FL 34293 VENICE FL 34293

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

REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/03/2000	
City & State		City & State		5. FEI Number	
Zip		Country		6. <del>LS-0890825</del>	
				Applied For	
				Not Applicable	
				<input checked="" type="checkbox"/> 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	Stephen Scimemi	3191 Traversae Ave North Port, FL 34286	North Port, FL 34286
Vice Pres	Helle Hoyer	4195 S. Tamiami Tr #121	Venice, FL 34293
Secretary	Larry Archer	1124 Riviera St	Venice, FL 34285
			100004746751-8 -01/02/02-01034-023 ****258.75 ****258.75 LS/LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCIME MI, STEPHEN 4195 S. TAMiami TR. VENICE FL 34293		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
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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 12/14/01 941-650-0256  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE200 (801)