

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

FILED


06 NOV 14 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 06

CR2E081 (12/05)

**CORPORATION  
REINSTATEMENT**

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

DOCUMENT # P00 0000 39216

1. Corporation Name

A.A.A. ALUMINUM CORP.

2. Principal Office Address

9010 S.W. 157 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

9010 S.W. 157 ST.

Suite, Apt. #, etc.

City & State

PALMETTO BAY, FLA.

Zip

33157

Country

U.S.A.

City & State

PALMETTO BAY, FL.

Zip

33157

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

5/4/83

5. FEI Number

592198290

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

GEORGE CASALI

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

9010 S.W. 157 ST.

Suite, Apt. #, Etc.

City

PALMETTO BAY

State

FL

Zip Code

33157

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

*George Casali*

Date

11/5/06

REGISTERED AGENT MUST SIGN

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
PRES	GEORGE CASALI	9010 S.W. 157.	PALMETTO BAY, FL 33157

000081765808  
11/14/06--01059--005 \*\*600.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/06 (786) 246-6111

Daytime Phone #

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✓ TO WHOM IT MAY CONCERN,

PLEASE REINSTATE MY CORP. <sup>59-2198290</sup> (A.A.A. ALUM. CORP.),  
AS OF 2003 I DID NOT RECEIPT FOR MY CORP.  
I SENT A CHANGE OF ADDRESS TO NO AVAIL.

THANK YOU VERY MUCH

*George Casari*

GEORGE CASARI - PRES.

A.A.A. ALUM. CORP.