PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT REINSTATEM				DEPAR Secretai	ry of S		E	091	FILED NOVI o PH I: I	1		
DOCUMENT # P00000111407 1. Corporation Name								* SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Albany Industries, Inc.												
wo9 - 48363								Meniapispiipiip w				
2. Principal Office Addn 1320 NW 96 Av	-	3. Mailing Office Address P.O. Box 450143				REINSTATEMENT 06-09 CR2E081 (12/08)						
Suite, Apt. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.					porated or Qualified	0/2000				
City & State	City & State	City & State				To Do Business in Florida 11/3U/2UUU 5. FEI Number Applied For						
Plantation, FL			Sunrise,	FL	T 0	.	4	6510550561			Not Applicable	
Zip 33322	Country	,	Zip 33345			Country			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent								7				
Name Lily Prieto								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.				
Street Address (P.O. Box Number Is Not Acceptable) 1320 NW 96 Ave.												
Suite, Apt. #, Etc.												
City Plantation					State Zip Code 33322			tee De	waived.			
8. I, being appointed the registered egent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN								bligations of section 607.0505 or 617.0503, F.S. Date October 27, 2009				
9. Names and Street A	ddresses	of Each Officer a	nd/or Director (F	orida nonpr	ofit corp	orations must list a	at leas	st 3 directors)				
Titles	Titles Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip			
PRESIDENT LILY PRIETO				1320 NW 96 AVE,			Ē,		PLANTATION	1,FL	3333	
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					107			10/297	976-5675 ***608.75			
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									\	<u> </u>	11/16	
this reinstatement ap owed by the corpora on this application is	oplication, ition have	the reason for dis been paid and the	solution has bee names of indivi	n eliminated duals listed (l, the cor on this fo	rporate name satist orm do not qualify f	fles th	ne requirements exemption con path.	ppter 607 or 617, F.S. I further of section 607.0401 or 617. stained in Chapter 119, F.S. October 27, 201795	.0401, F.S., The informa	, that all fees ation indicated	
SIGNATURE:	GNATURE	AND TYPED OR P	RINTED NAME OF	SIGNING OF	FICER O	R DIRECTOR			Date Date)4-330-5	088	