PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION** FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State FILED DIVISION OF CORPORATIONS P01000030378 **DOCUMENT #** 02 NOV -5 AM 10: 19 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA AFFORDABLE ALUMINUM, INC. Principal Place of Business Mailing Address 13004 LEM TURNER 13004 LEM TURNER JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 11/04/02--01011--008 **150.00 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 Date Incorporated or Qualified To Do Business in Florida 03/20/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Country Zip \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s)~ and/or Directors City / State / Zip Officer and/or Director BRYMER, RONALD D 13004 LEM TURNER JACKSONVILLE FL 32218 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name TILLEY, STEPHEN E Street Address (P.O. Box Number is Not Acceptable) 4206 BAYMEADOWS ROAD JACKSONVILLE FL 32217 Suite; Apt. #, Etc. State Zip Code 10. I, being appointed the iliar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent Date 10-29-03 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:

Date Da

Daytime Phone

Phone 904-924-8149 Fax 904-924-2056

October 30, 2002

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FI 32314

Dear Sir or Madam,

Regarding our application for reinstatement of recognition as a for profit corporation, we appeal for waiver of the reinstatement fee.

No record of receipt of the two prior UBR notices by this business can be found. Our registered agent, Stephen E. Tilley's representative, advised me that his office does not/did not receive any correspondence regarding this matter either.

I respectfully ask that the reinstatement fees be waived. Enclosed is the report filing fee of \$150.00.

Sincerely,

Ronald D Brymer Director