2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000120377

1. Entity Name
ALUMINUM CONCEPTS CONSTRUCTION, INC.

FILED
2006 OCT -9 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10062006 REIN-P CR2E098 (11/05)

Principal Place of Business
2908 ACADEMY BOULEVARD
CAPE CORAL, FL 33904-3555

Mailing Address
2908 ACADEMY BOULEVARD
CAPE CORAL, FL 33904-3555

2. Principal Place of Business: 16851 Useppa Oaks Ln
Suite, Apt #, etc
City & State: North Fort Myers, Florida
Zip: 33917 Country: LEE

3. Mailing Address: Po Box 3370
Suite, Apt #, etc
City & State: North Fort Myers, Fl
Zip: 33918 Country: LEE

4. FEI Number: 26-0003947 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, SHERMAN L II
2908 ACADEMY BOULEVARD
CAPE CORAL, FL 33904-3555

7. Name and Address of New Registered Agent

Name: Walker, Sherman L., II
Street Address (P.O. Box Numbers Not Acceptable)
16851 Useppa Oaks Ln
N.Fort Myers FL Zip Code 33917

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Lidia F. Walker 10-6-06
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WALKER, SHERMAN L II 2908 ACADEMY BOULEVARD CAPE CORAL, FL 339043555	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WALKER, SHERMAN L., II PO BOX 3370 NORTH FORT MYERS FL 33918 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WALKER, LIDIA F 2908 ACADEMY BOULEVARD CAPE CORAL, FL 339043555	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WALKER, LIDIA F PO BOX 3370 NORTH FORT MYER Fl 33918 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800080639528 10/09/06--01045--017 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] LIDIA F. WALKER 10-6-06 3405728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10