

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -9 PH 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # PO2600020658

1. Corporation Name

C.D.S. ALUMINUM INC.

2. Principal Office Address

720 NE 25th AVE

Suite, Apt. #, etc.

Suite 34

City & State

CAPE CORAL, FL

Zip

33909

Country

Lee

3. Mailing Office Address

720 NE 25th AVE

Suite, Apt. #, etc.

Suite 34

City & State

CAPE CORAL, FL

Zip

33909

Country

Lee

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/20/2002

5. FEI Number

043605968

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

HALL, DAVID

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

1802 NE 17th PL

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33909

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

[Signature]

Date 12/23/03

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
PD	HALL, DAVID	1802 NE 17th PL	CAPE CORAL, FL 33909
VD	HAFFELL, CUFF	1620 SW 13th St.	CAPE CORAL, FL 33991
TD	SHIVER, Steve	36 NE 10th PL	CAPE CORAL, FL 33909

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/03 (239)458-7850

Date

Daytime Phone #

CR2E081 (10/02)

**CDS Aluminum Inc.
720 NE 25th Ave.
Cape Coral, FL 33909**

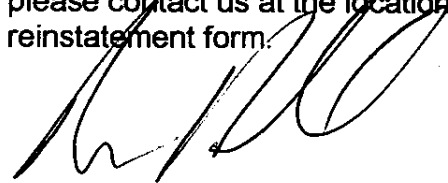
12/23/03

Department of State
Division of Corporations
Tallahassee, FL 32399

To Whom It May Concern:

Reference: Request Waiver of reinstatement fee for CDS Aluminum Inc.

This letter is to inform you that CDS Aluminum Inc. requests a waiver of corporate reinstatement fee. CDS Aluminum Inc. did not receive the annual report form for 2003. As you can see by looking at our corporate addresses presently on file, we have moved our offices and the home of the principal officer. It is our belief that the forms did not follow to our present address and were overlooked. Should you have any further questions regarding our information, please contact us at the locations, or phone numbers provided on the reinstatement form.



David S Hall
President

CDS Aluminum Inc.