PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 DEC 18 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000042711

1. Corporation Name

Crain Screening & Aluminum, Inc.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
4240 47th Ave NE	4240 47th Ave NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Naples, FL	Naples, FL
Zip 34120 Country Collier	Zip 34120 Country Collier

4. Date Incorporated or Qualified To Do Business in Florida 04/12/2002

5. FEI Number 010676385 ☐ 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: Crain, Thomas

Street Address (P.O. Box Number is Not Acceptable): 4240 47th Ave. NE

Suite, Apt. #, Etc.

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City: Naples State: FL Zip Code: 34120

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: Thomas Crain
REGISTERED AGENT MUST SIGN

Date: 12/13/06

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
PTD	Crain, Thomas	4240 47th Ave NE	Naples, FL 34120
SVD	Crain, Kelly	4240 47th Ave NE	Naples, FL 34120

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: Kelly Crain — 12/13/06 — 239-353-5686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/18
GD