

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 22 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000049603

1. Corporation Name

Aaron's Aluminum, INC

000177072170
04/22/10--01028--019 **450.00

REINSTATEMENT 08-10
CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #

350 S.E. CR 326

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 285

Suite, Apt. #, etc.

City & State

Gulf Hammock, FL

Zip

32639

Country

U.S.

City & State

Gulf Hammock, FL

Zip

32639

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

4-30-02

5. FEI Number

03-0445690

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

Aaron Ledlow

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

350 SE CR 326

Suite, Apt. #, Etc.

City

Gulf Hammock

State

FL

Zip Code

32639

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

REGISTERED AGENT MUST SIGN

Date 4/20/10

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 |
|--------|--------------------------------------|---|------------------------|
| D | Aaron Ledlow | 350 S.E. CR 326 | Gulf Hammock, FL 32639 |
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10. E-mail Address: Aaronsaluminum@aol.com

(To be used for future annual report notification)

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. I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/10 352-486-3759

Daytime Phone #