

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000101525 1. Entity Name SACO ALUMINUM AND SCREENING INC.	
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FILED

09 JUN 19 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12520 102 AVE SEMINOLE, FL 33778	Mailing Address 12520 102 AVE SEMINOLE, FL 33778
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 11-3711071	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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06172009 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAMMARCO, PETER 12520 102 AVE SEMINOLE, FL 33778-3400	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: *Peter Sammarco* (NOTE: Registered Agent signature required when reinstating) DATE: *June 15 2009*

FILE NOW!!! FEE IS \$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	D SAMMARCO, PETER <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100157556541 06/22/09--01055--017 **300.00
NAME	SAMMARCO, PETER	
STREET ADDRESS	12520 102 AVE	
CITY-ST-ZIP	SEMINOLE, FL 337783400	
TITLE	D SAMMARCO, KAREN <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMMARCO, KAREN	
STREET ADDRESS	12520 102 AVE	
CITY-ST-ZIP	SEMINOLE, FL 337783400	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 an other like empowered.

SIGNATURE: *Peter Sammarco* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: *June 15 2009* DAY/TIME PHONE #