


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000111339		
1. Entity Name SIGNATURE ALUMINUM, INC.		

Principal Place of Business 3707 BLAYTON STREET NEW PORT RICHEY, FL 34652	Mailing Address 3707 BLAYTON STREET NEW PORT RICHEY, FL 34652
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

APPROVED  
AND  
FILED  
PS 1072  
04 OCT 25 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
4/26/04 90449 037 150  
TK

10222004	REIN-P	CR2E098 (6/04)
4. FEI Number 20-0285613		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOEHLER, DANIEL R 3707 BLAYTON STREET NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOEHLER, DANIEL R 3707 BLAYTON STREET NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Daniel Koehl Daniel Koehl  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PS 282

SIGNATURE ALUMINUM, INC  
3707 BLAYTON STREET  
NEW PORT RICHEY, FL 34652

OCTOBER 22, 2004

FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

DEAR SIR OR MADAM

AT THIS TIME I WOULD LIKE THE LATE FEE ABATED FOR COPORATION  
ANNUAL REPORT FOR 2004. I FILED THE REPORT IN APRIL OF 2004 WITH A  
CHECK IN THE AMOUNT OF \$150.00. (PLEASE FIND ENCLOSED CANCELED  
CHECK) I DID NOT RECEIVE ANY NOTICE THAT I OMITED THE FEI NUMBER  
ON THE REPORT I FILED IN APRIL 2004. I AM ALSO ENCLOSING  
REINSATEMENT FORM. I WOULD APPRECIATE YOU PROMT ATTENTION TO  
THIS MATTER.

THANK YOU,



DANIEL KOEHLER  
PRESIDENT