



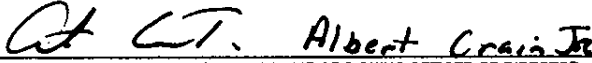
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09 JAN 27 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/28/09--01023--016 **450.00

CR2E081 (12/08)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 JAN 27 PM 2:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P04000000111					
1. Corporation Name BEST ALUMINUM INC					
2. Principal Office Address - No P.O. Box # 1112 SOUTHSIDE DR		3. Mailing Office Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BRANDON FL		City & State			
Zip 33511	Country U.S.A.	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida Jan 2007					
5. FEI Number 341987031					Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent				<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
Name ALBERT CRAIN JR					
Street Address (P.O. Box Number is Not Acceptable) 1112 SOUTHSIDE DR					
Suite, Apt. #, Etc.					
City BRANDON	State FL	Zip Code 33511			
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 				Date 1-20-09	
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	
Vice Pres	Timothy Hamby	3521 Price Ave		Tampa FL 33611	
REINSTATEMENT					
RH					
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:  Albert CRAIN JR				1-20-09	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				813-245-6270	
				Daytime Phone #	

My name is Albert Crain Jr. and the company name is Best Aluminum Inc. Me and my Partner Tim Hamby were deployed in 2007 and part of 2008 so we had to shut the company down for the time and then when we got back we were doing jobs for the Navy so as a result we are just now getting to the point where we can try to go back to work and would like to wave the 600. 00 fee.I need to know what the fees are so we can get back to work . Please call 813-245-6710. The web site said it is 150.00 for each year plus the corp. fee.