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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

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CR2E081 (12/05)

**DOCUMENT #** P04000063134

**1. Corporation Name**  
**ALVAREZ ALUMINUM FENCE CREATIONS, INC.**

<b>2. Principal Office Address</b> <b>33241 FAIRWAY RD</b> Suite, Apt. #, etc. <b>City &amp; State</b> <b>LEESBURG, FL</b> <b>Zip</b> <b>34788</b> <b>Country</b> <b>USA</b>	<b>3. Mailing Office Address</b> <b>33241 FAIRWAY RD</b> Suite, Apt. #, etc. <b>City &amp; State</b> <b>LEESBURG, FL</b> <b>Zip</b> <b>34788</b> <b>Country</b>
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<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>04/05/2004</b>	<b>5. FEI Number</b> <b>20-0941605</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>		

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> <b>SAUL ALVAREZ</b>		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>33241 FAIRWAY RD</b>		
<b>Suite, Apt. #, Etc.</b>		
<b>City</b> <b>LEESBURG</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>34788</b>

**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** ✓ SAUL ALVAREZ **Date** ✓ 2-21-06

**REGISTERED AGENT MUST SIGN**

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	SAUL E. ALVAREZ	33241 FAIRWAY RD	LEESBURG, FL 34788
VP	RUDDY ALVAREZ	1004 LEE ST	LEESBURG, FL 34748
S,T	LAURIE K. ALVAREZ	33241 FAIRWAY RD	LEESBURG, FL 34788

REINSTATEMENT 05-06  
TB 3/7/06

**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:** ✓ SAUL ALVAREZ **Date** ✓ 2-21-06 **Daytime Phone #** 352-326-4480

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**ALVAREZ ALUMINUM FENCE CREATIONS, INC.**  
**33241 FAIRWAY ROAD**  
**LEESBURG, FL 34788**  
**(352) 787-8927**

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Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

February 17, 2006

We were advised by our accountant that we were no longer an active corporation and discovered that we did not receive the annual report notices for years 2005 or 2006. Please waive the reinstatement fees for the year 2005. We have enclosed \$300 to cover both years. Should you have any questions, please call our accountant, Jennifer Culberson, at (352) 728-3006.

Sincerely,



Saul Alvarez  
President