

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000118803</b> 1. Entity Name <b>ZINSNER'S ALUMINIUM INC.</b>			
Principal Place of Business <b>3088 TYRONE LN</b> <b>SARASOTA, FL 34239 US</b>		Mailing Address <b>3088 TYRONE LN</b> <b>SARASOTA, FL 34239 US</b>	
2. Principal Place of Business <b>3088 TYRONE LN</b> Suite, Apt. #, etc.		3. Mailing Address <b>3088 TYRONE LN</b> Suite, Apt. #, etc.	
City & State <b>SARASOTA, FLA.</b>		City & State <b>SARASOTA, FLA.</b>	
Zip <b>34239</b>		Zip <b>34239</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>83-042-2977</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZINSNER, BRENDON B</b> <b>3088 TYRONE LN</b> <b>SARASOTA, FLA, FL 34239-US</b>		7. Name and Address of New Registered Agent  Name <b>BRENDON B. ZINSNER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3088 TYRONE LN</b>  City <b>SARASOTA, FLA.</b> <b>FL</b> Zip Code <b>34239</b>	
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 <b>BRENDON ZINSNER</b> <b>OWNER/PRESIDENT-12/15/05</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>		<b>REINSTATEMENT 05</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ZINSNER, BRENDON B</b> <input type="checkbox"/> Delete <b>3088 TYRONE LN</b> <b>SARASOTA, FL 34239</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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: <b>BRENDON ZINSNER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	

P3 182  
 05 DEC 16 AM 11:17  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



10202005 REIN-P CR2E098 (6/04)

REINSTATEMENT 05

600062222388  
 12/16/05--01024--004 \*\*150.00

PS 242

P04000118803 R  
ZINSNER'S ALUMINIUM INC.  
3088 TYRONE LN  
SARASOTA FL 34239

TO WHO IT MAY CONCERN  
I DID NOT RECEIVE MY 2005  
PRIOR NOTICE'S

PLEASE WAIVE THE \$600.00  
PENALTY

BRENDAN ZINSNER