

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 OCT -6 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000156592

1. Corporation Name

SOUTHERN GULF COAST ALUMINIUM, INC.

2. Principal Office Address

519 DECATUR ST.

Suite, Apt. #, etc.

3. Mailing Office Address

519 DECATUR ST.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

Zip

33954

Country

USA

Zip

33954

Country

USA

REINSTATEMENT

DS-06

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/17/2004

5. FEI Number

04-379972

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MATTHEW C. JOHNSTON

Street Address (P.O. Box Number is Not Acceptable)

519 DECATUR STREET

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33954

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**

Matthew C. Johnston
REGISTERED AGENT MUST SIGN

Date 7-12-06

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
P	MATTHEW C. JOHNSTON	519 DECATUR ST.	PORT CHARLOTTE, FL 33954
VP	SCOTT M. CONLEY	2180 ASPEN ROAD	PUNTA GORDA, FL 33982

500080691925
10/10/06--01067--006 **300.00

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:

Matthew C. Johnston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/06
Date

941-815-6333
Daytime Phone #

10(694)