

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT -3 11 46 30

SEAL
TALL

DOA

DOCUMENT # P05000004118	
1. Entity Name ALL ALUMINUM FENCE & GATE, INC.	

Principal Place of Business 200 SOUTH SEQUOIA DRIVE WEST PALM BEACH, FL 33409	Mailing Address 200 SOUTH SEQUOIA DRIVE WEST PALM BEACH, FL 33409
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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REINSTATEMENT 2006

09282006 REIN-P CR2ED98 (11/05)

4. FEI Number
20-2131224

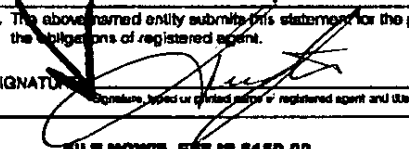
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For ☐ Not Applicable ☒

6. Name and Address of Current Registered Agent VANIS, JERRY J JR. 200 SOUTH SEQUOIA DRIVE WEST PALM BEACH, FL 33409	
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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  DATE _____
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

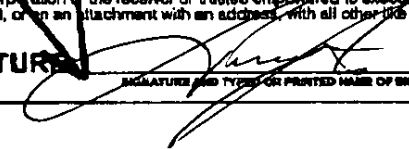
FILE NOW! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANIS, JERRY J JR. 200 SOUTH SEQUOIA DRIVE WEST PALM BEACH, FL 33409 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600080361306 10/02/06--01043--012 ++\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 in an attachment with an address, with all other fees empowered.

SIGNATURE  **DATE** _____
(Signature typed or printed name of signing officer or director)