

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000152984

1. Entity Name
BAF ALUMINUM, INC.



FILED

06 NOV -3 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
27340 VALOIS DRIVE
BONITA SPRINGS, FL 34135

Mailing Address
P.O. BOX 2962
BONITA SPRINGS, FL 34133



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052006 REIN-P CR2E098 (11/05)

4. FEI Number

20-3817278

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Charlotte J. Fields

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

27340 Valois Dr

City

Bonita Springs

FL

Zip Code

34135

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

Charlotte J. Fields - Sec.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/9/06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DPT
FIELDS, BRUCE A
27340 VALOIS DRIVE
BONITA SPRINGS, FL 34135

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

500080787555
10/12/06--01068--037 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DS
FIELDS, CHAROLETTE J
27340 VALOIS DRIVE
BONITA SPRINGS, FL 34135

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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REINSTATEMENT 04

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charlotte J. Fields - Charlotte J. Fields

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/06

Date

239-947-5441

Daytime Phone #

pc 11/06