

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000059111					
1. Entity Name ALL-RIGHT ALUMINUM INC.					
Principal Place of Business 275 LAGO CIRCLE APT 106 WEST MELBOURNE, FL 32904 US			Mailing Address 275 LAGO CIRCLE APT 106 WEST MELBOURNE, FL 32904 US		
2. Principal Place of Business - No P.O. Box # 2117 S. Babcock St. Suite, Apt. #, etc. # 326			3. Mailing Address 2328 Jamaica Ave Suite, Apt. #, etc.		
City & State West Melbourne FL		City & State SW Palm Bcy FL		4. FEI Number 45-0562103	
Zip 32901		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOLWICK, JAMES V 275 LAGO CIRCLE APT 106 WEST MELBOURNE, FL 32904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>James Dolwick</u> <i>president</i> 10/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME DOLWICK, JAMES V		400137018304 10/17/08--01037--012 **150.00		
STREET ADDRESS 275 LAGO CIRCLE APT 106	CITY-ST-ZIP WEST MELBOURNE, FL 32904		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 exemptions contained in Chapter 19, 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: <u>James Dolwick</u> 10/10/08 321-626-3733 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

08 OCT 17 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2008

321-953-4684