PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
FOR			A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		FILED		
REINSTATEMENT DIVISION OF CORPORATIONS  DOCUMENT # P9400001338				96 DEC 31 AM 11: 07			
1 Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
ALPHA ALUMINUM AND SHUTTERS, CORP.					IALLAMASSEE, I COIII	D11	
Principal Place of Business Malling Address					A NORMAREN ATA IRANA ATAM BANTA BENTA B	<b>20</b> (1) <b>0</b> 1 (1) ( <b>0</b> 1)	
11253 SW 33RD CIR PL 11253 SW 33RD CIR PL MIAMI FL 33165 MIAMI FL 33165							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					PEINSTATEMENT ()	1 n	
New Principal Office Address, If Applicable     Suite, Apt. #, etc.     Suite, Apt.			ing Office Address, if Applicable		Date Incorporated or Qualifled     To Do Business in Florida     01/06/1994		
City & State		City & State			5. FEI Number Applied For Not Applicable		
Zip Country		Zip Country			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required		
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)							
Trile(s)	Name of Officers St and/or Directors 3 (Do NOT L		Street Ad Officer a (Do NOT Use Po	ddross of Each ind/or Director st Office Box N	n / City / State / Zip / Numbers) 4		
DP	GARROTE, JOSE R 11253 SW 3			R PL MIAMI FL 33165			
DS	GARROTE, FERNANDO J 11253 SW 3			D CIR PL MIAMI FL 33165			
-				1 000020477617 -01/07/9701063014 ****400.00 *****400.00			
					, 101 0	<u>a-1</u>	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
Name							
GARROTE, JOSE R 11253 SW 33RD CIR PL Street Address (F				P.O. Box Number is Not Acceptable)			
	II FL 33165		Sulte, Apt. #, Etc.				
City					State   Zip Code		
10. I, being appointed the registered agent of the above nathed compatition, and families with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent of Park Company of the							
JOSE R. GARROTE REGISTERED AGENT MUST SIGN							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No							
12. 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 filling 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 under section 119.07(3)(i), 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 onth.							
SIGNAT	SIGNATURE: 1/2/96 (205)551-9451						
SIGNATURE AND TYPED OR PRINTED NAMES AND THE PROPERTY OF DIRECTOR DAYLING PROPERTY DOS DOYLING PROPERTY OF THE							

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