PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE \*APPLICATION Sandra B. Mortham 自LED **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 MAR -4 PM 4: 42 DOCUMENT # SECTE BULY OF STATE TALLAHASSES, FLORIDA 1. Corporation Name Benada Aluminum of Florida, Inc. Principal Place of Business Mailing Address 6300 Park of Commerce Blvd. P.O. Box 3051 Boca Raton, FL 33487 Boca Raton, FL INSTATEMENT 98-99 33431-0951 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address. If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 12,21,1994 Suite, Apt #, etc. Suite, Apt. #, etc 5 FEI Number Applied For City & State City & State 65-0542365 Not Applicable Zip Country Country CERTIFICATE OF STATUS DESIRED X 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip Monte Friedkin 6300 Park of Commerce Blvd. Boca Raton, FL 33487 Director/President, Secretary & Boca Raton, FL 33487 Treasurer 10002788767--9 -03/09/99~-01016~-022 \*\*\*\*908.75 \*\*\*\*908.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Berger Davis & Singerman Street Address (P.O. Box Number is Not Acceptable) 100 N.E. Third Ave., Suite 400 Ft. Lauderdale, FL 33301 Suite, Apt. #, Etc State | Zip Code ent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, 10. I, being appointed the registered as REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. on intangible tax.) 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 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 under section 119.07(3)(i), E.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:/

YPED OR PAIN

Monte FriedRin, President

TER NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

561-241-7777

Daytime Phone #