

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JAN 31 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000087592**

1. Corporation Name **LIFESTYLE ALUMINUM, INC**

Handwritten initials

500004911565--7
-02/12/02--01049--005
***1500.00 ***1500.00

2. Principal Office Address

2860 8th St NW

Suite, Apt. #, etc.

City & State

NAPIES FLA.

Zip

34120

Country

Collier

3. Mailing Office Address

2860 8th St NW

Suite, Apt. #, etc.

City & State

NAPIES FLA.

Zip

34120

Country

Collier

REINSTATEMENT 97-02

4. Date incorporated or Qualified
--To Do Business in Florida--

November 13, 1995

5. FEI Number

650630691

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES H FREEMAN

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

2860 8th St NW

Suite, Apt. #, Etc.

City

NAPIES

State

FL

Zip Code

34120

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Charles H Freeman

Date **1/30/02**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V.P.	CHARLES FREEMAN	2860 8th St NW	NAPIES FLA 34120
PRES.	RONALD FREEMAN	9450 WEST TERRY	BONITA SPRINGS FLA 34123

10. 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), 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 oath.

SIGNATURE:

Charles H Freeman

CHARLES H FREEMAN

1/3/02 941-403-8608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)