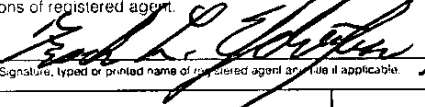
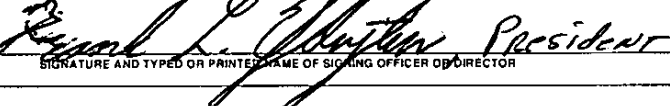


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000060404						FILED 05 OCT -4 PM 8:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name FRANK'S ALUMINUM, INC.							
Principal Place of Business 3113 19 STREET WEST LEHIGH ACRES, FL 33971			Mailing Address 3113 19 STREET WEST LEHIGH ACRES, FL 33971			 REINSTATEMENT 2005 99122005-1-REINSTATEMENT-FL-CR22098-16/04	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Country		Zip		Country		4. FEI Number 65-0741250	
						Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent YELVINGTON, FRANK L. 3113 19TH ST. W. LEHIGH ACRES, FL 33971				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:  President Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)				DATE: 9-29-05			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE ☐ Delete NAME YELVINGTON, FRANK L STREET ADDRESS 3113 19 STREET WEST CITY-ST-ZIP LEHIGH ACRES, FL 33971				TITLE ☐ Change ☒ Addition NAME JASON HOUK STREET ADDRESS 200 ALABAMA SO. CITY-ST-ZIP LEHIGH ACRES, FL.			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☒ Addition NAME S. CAROL S. YELVINGTON STREET ADDRESS 3113, 19TH ST. W. CITY-ST-ZIP LEHIGH ACRES, FL. 33971			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 500060207425 10/04/05--01010--009 **750.00			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 9-29-05 239-368- Daytime Phone # 4810			