2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000060404

1. Entity Name
FRANK'S ALUMINUM. INC.

FILED
05 OCT -4 PM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3113 19 STREET WEST LEHIGH ACRES, FL 33971	3113 19 STREET WEST LEHIGH ACRES, FL 33971

REINSTATEMENT 2005

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	7. Name and Address of New Registered Agent
YELVINGTON, FRANK L. 3113 19TH ST. W. LEHIGH ACRES, FL 33971	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: Frank L. Yelvington, President 9-29-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D YELVINGTON, FRANK L 3113 19 STREET WEST LEHIGH ACRES, FL 33971	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JASON HOUK 200 ALABAMA SO. Lehigh Acres, FL.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAROL J. YELVINGTON 3113, 19th ST. W. Lehigh Acres, FL. 33971
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500060207425 10/04/05--01010--009 **750.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / 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: Frank L. Yelvington President 9-29-05 239-368-6810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #