

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY 11 AM 11:17

DOCUMENT # P96000089154

1. Corporation Name

ALUMINIUM SPECIALIST ENTERPRISE, INC

2. Principal Office Address

1100 CONSTITUTION DRIVE C

Suite, Apt. #, etc.

APT C

City & State

HOMESTEAD FL

Zip

33034

Country

USA

3. Mailing Office Address

1100 CONSTITUTION DRIVE

Suite, Apt. #, etc.

APT C

City & State

HOMESTEAD FL

Zip

33034

Country

USA.

4. Date Incorporated or Qualified To Do Business in Florida

10/28/1992

5. FEI Number

65-0714835

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

ROUSSEAU, ALBERT MR.

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

1100 CONSTITUTION DRIVE APT C.

Suite, Apt. #, Etc.

C

City

HOMESTEAD

State

FL

Zip Code

33034

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

Albert Rousseau
 REGISTERED AGENT MUST SIGN

Date

4/24/00

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
P	ALBERT ROUSSEAU 1100 CONSTITUTION DRIVE C HOMESTEAD FL 33034	1100 CONSTITUTION DRIVE APT C.	HOMESTEAD FL 33034

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00

Daytime Phone #

CR2E081 (9/99)

**ALUMINIUM SPECIALIST ENTERPRISE INC.
1100 CONSTITUTION DRIVE APT C
HOMESTEAD, FL. 33034
TEL (305) 245-3789**

April 26, 2000

Mrs.: Katherine Harris
Secretary of State.

FLORIDA DIVISION OF CORPORATION.
ANNUAL REPORTS FILING
P. O. BOX 1500
TALLAHASSEE, FL. 32302-1500

RE: P 960000 89154

DEAR SIR:

Enclosed please find my ck for the amount of \$317.50 for annual corporate filing fees for the year 1999 and year 2000.

As owner of this small business Corporation, I do not have any knowledge that this corporation was dissolved by administrative order for the annual report, on 9/24/1999, as indicated in your internet site.

I want to let you know that I never have any formal invoice or communication with the division of corporation, and for that reason that I did not pay last year filing fees.

Please accept my payment for year 1999, and year 2000. \$158.75 per year.

I want to have my corporation to be in good standing with you, and please accept these payment, I will make sure this will not happen again.

Sincerely yours,


Albert Rousseau
President.