

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02 OCT -4 AM 10:49
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P97000037137*

1. Corporation Name

International Aluminum Products

200008285802--6
-10/09/02--01043--010
****300.00 ****300.00

2. Principal Office Address

4860 N. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Oakland Park FL

City & State

Zip

Country

Zip

Country

33334

Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 25 1997

5. FEI Number

65-0747476

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

William E Messer

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

4860 N. Dixie Hwy

Suite, Apt. #, Etc.

City

Oakland Park

State
FL

Zip Code

33334

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

WEM

Date

9-23-02

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
<i>President</i>	<i>William E Messer</i>	<i>4860 N Dixie Hwy</i>	<i>Oakland Park FL</i> <i>33334</i>

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:

WEM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-23-02

Daytime Phone #

954 491-1907

CR2E081 (9/01)

To the State of Florida Division of Corporations

My Corporation moved and your office did not get a Notice of new address

Please reinstate the Corporation .

Include is a check for three Hundred Dollars Filling fee

Thank you William E Messer

A handwritten signature in dark ink, appearing to read 'W E M', is written below the typed name 'William E Messer'.