

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 DEC 18 AM 11:34

DOCUMENT # **P97000070269**
 1. Corporation Name
E.T.A. ALUMINUM SERVICES, INC.

Principal Place of Business Mailing Address
 1130 PLAZA COMERCIO DR 1130 PLAZA COMERCIO DR
 ST PETERSBURG FL 33702 ST PETERSBURG FL 33702



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/13/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3464519	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	COSTANZO, ANGEL CORRIE	1130 PLAZA COMERCIO DR	ST PETERSBURG FL 33702
P	COSTANZO, THOMAS J	1130 PLAZA COMMERCIO DR	ST PETE FL 33702
VTS	COSTANZO, ANGEL	1130 PLAZA COMERCIO DR	ST PETE FL 33702
			700003523777-8 -01/04/01-01095-022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COSTANZO, ANGEL CORRIE 1130 PLAZA COMERCIO DR ST PETERSBURG FL 33702		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *Angel Costanzo* **SIGNATURE REQUIRED** Date 12-15-00
 REGISTERED AGENT MUST SIGN

11. 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: *Angel Costanzo* **SIGNATURE REQUIRED** Date 12-15-00 727-576-6288
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #