

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY -1 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000011182

1. Corporation Name

Scotty's Aluminum Patio Products Inc.

2. Principal Office Address

209 Oakdale St.

Suite, Apt. #, etc.

City & State

Windermere FL

Zip

34786

Country

USA

3. Mailing Office Address

P.O. BOX 977

Suite, Apt. #, etc.

City & State

Windermere FL

Zip

34786

Country

U.S.A.

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

Jan 26, 1998

5. FEI Number

59-3496031

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

HERVE W. LAJOIE

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

209 Oakdale St.

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

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

Herve W. Lajoie

REGISTERED AGENT MUST SIGN

Date 4/28/00

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
Pres.	Herve W. Lajoie	209 Oakdale St.	Windermere FL 34786

REINSTATEMENT 99-00

SP

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:

Herve W. Lajoie Pres. Herve W. Lajoie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

407-909-1989

Daytime Phone #

CR2E081 (9/99)