

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--|---------------------------------|--|---------------------------------|
| CORPORATION REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000052639 | | | |
| 1. Corporation Name PALM BEACH ALUMINUM AND SHUTTER CORPORATION | | | |
| 2. Principal Office Address 1301 Gwenzell Street Suite, Apt. #, etc. City & State Delray Beach, Florida | | 3. Mailing Office Address 1301 Gwenzell Street Suite, Apt. #, etc. City & State Delray Beach, Florida | |
| Zip 33444 | Country United States | Zip 33444 | Country United States |
| 4. Date Incorporated or Qualified To Do Business in Florida 06/10/98 | | 5. FEI Number 65-0861164 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$8.75 Additional Fee required for a Certificate of Status | |

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---|---|
| 7. Name and Address of Current Registered Agent | |
| Name George R. Myers | 600004596856-1 -09/18/01--01036--024 ****450.00 ****450.00 LS |
| Street Address (P.O. Box Number is Not Acceptable) 8550 N.W. 49th Drive | |
| Suite, Apt. #, Etc. Coral Springs, Florida 33067 | |
| City Coral Springs | State FL |
| | Zip Code 33067 |

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| 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 George R. Myers | | Date 9/5/01 | |
| 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 |
| D | George R. Myers | 8550 NW 49th Drive | Coral Springs, FL 33067 |
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| 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: George R. Myers | | Director | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 9/5/01 | Daytime Phone # 561/276-1098 |