

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

05 MAY 13 PM 1:25

DOCUMENT # **P98000081014**

1. Corporation Name

Alliance Aluminum & Concrete Co.

2. Principal Office Address

1043 Hawthorne Dr.

Suite, Apt. #, etc.

City & State

Sebring, FL.

Zip

33870

Country

USA

3. Mailing Office Address

1043 Hawthorne Dr.

Suite, Apt. #, etc.

City & State

Sebring, FL

Zip

33870

Country

USA

600055413746
05/27/05
REINSTATEMENT **05/27/05**

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

9/14/1998

5. FEI Number

59-3539522

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$9.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Frank K. Fowler

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

1043 Hawthorne Dr.

Suite, Apt. #, Etc.

City

Sebring

State

FL

Zip Code

33870

600055413746

05/27/05--01051--009 **1200.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **4.18.05**

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
President	FRANK K. FOWLER	1043 HAWTHORNE DR. SEBRING FL. 33870	

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] **FRANK K. FOWLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5.12.5 863.471.0000

Daytime Phone #

CR2E081 (01/05)