

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 28 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V33429**

1. Corporation Name

**PROTECTION PLUS ALUMINUM
SPECIALISTS, INC.**

2. Principal Office Address

215 E. 13TH ST.

Suite, Apt. #, etc.

City & State

ST CLOUD FL 34771

Zip

Country

USA

3. Mailing Office Address

490 NEEDLE BLVD

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL 32953

Zip

Country

USA

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

5. FEI Number

59-3127445

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

DENNIS L. HAYES

10000495279

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

490 NEEDLE BLVD

02/19/02 01016

******300.00 ****300.00**

Suite, Apt. #, Etc.

City

MERRITT ISLAND

State

FL

Zip Code

32953

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

REGISTERED AGENT MUST SIGN

Date **1-24-02**

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
TI			
PRES	RHONDA HAYES	490 NEEDLE BLVD.	MERRITT ISLAND FL 32953
SP			
V-P	DENNIS HAYES	490 NEEDLE BLVD.	MERRITT ISLAND FL 32953

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rhonda Hayes RHONDA HAYES 1-24-02 321-453-9545

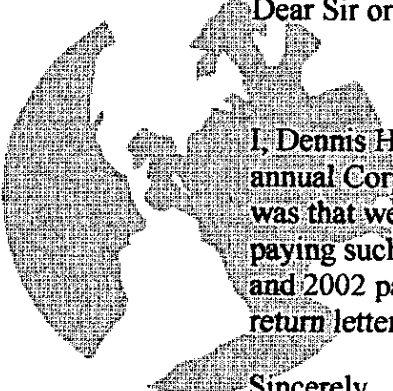
CR2E001 (9/01)

Dennis Hayes *Laff*
490 Needle Blvd.
Merritt Island, Fl. 32953

January 24, 2002

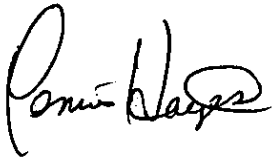
FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam :

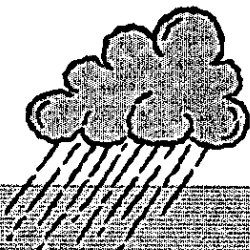


I, Dennis Hayes, of Protection Plus Aluminum Specialists, Inc., did not pay my annual Corporation fee of \$150.00 for the year 2001. My reason for none payment was that we changed our mailing address and never received the form necessary for paying such fee because it was never forwarded to us. Please allow me to make 2001 and 2002 payment of \$300.00 and waive the reinstatement fee, as you have the return letter on file.

Sincerely,



Dennis Hayes
Vice President



Protection Plus Aluminum Specialists, Inc.