

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 10 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **701235**

1. Corporation Name

**FLORIDA PAINT AND COATINGS
ASSOCIATION, INC**

2. Principal Office Address - No P.O. Box #

101 WAYNE PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

101 WAYNE PLACE

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33619

Country

USA

Zip

33619

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/23/1960

5. FEI Number

237073504

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

AARON K DHAWAN

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

3710 NW Hwy 326

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34475

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Aaron K Dhawan

Date **12/8/09**

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
P	WALTER R. NAUGHTON JR.	2541 BRITANNIA RD.	SARASOTA, FL 34231
V	AARON K. DHAWAN	3710 NW Hwy 326	Ocala, FL 34475
S	DARYL ALLEN	101 WAYNE PLACE	TAMPA, FL 33619
T	ROBERT VIBLE	1978 HAWKCREST DR.	FRUIT COVE, FL 32259
D	JOHN McMAHON	1101 N. OLD COACHMAN RD.	CLEARWATER, FL 33765

10. E-mail Address: **ADHAWAN @ DELTA LABORATORIES, COM**

(To be used for future annual report notification)

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. I further certify, 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:

Aaron K Dhawan

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/09

Date

(352) 629-8101

Daytime Phone #

12/10/09