

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000005918**

1. Corporation Name

ABSOLUTE OPTICS COATINGS, INC.

Principal Place of Business

Mailing Address

105 ISLAND VIEW DRIVE
INDIAN HARBOUR BEACH FL 32937

105 ISLAND VIEW DRIVE
INDIAN HARBOUR BEACH FL 32937



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-1826770

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PTD	SZCZEPANSKI, PAUL W	105 ISLAND VIEW DRIVE	INDIAN HARBOUR BEACH FL
VSD	STEPKO, MOLLY A	4921 STRAUSS COURT #1	MELBOURNE FL

800024189628
10/28/03--01016--026 **150.00

10/31

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Paul Szczepanski

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

105 Island View Drive

Suite, Apt. #, Etc.

City

Indian Harbour Beach

State

FL

Zip Code

32937

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Paul Szczepanski
SIGNATURE REQUIRED

Date 10/15/03

REGISTERED AGENT MUST SIGN

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 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:

Paul Szczepanski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 321 243 5558

CR2E040 (7/03)



ABSOLUTE COATING

HIGH DAMAGE THRESHOLD OPTICS & COATINGS

105 Island View Drive
Indian Harbour Beach, Florida 32937

October 15, 2003

Phone: 321-243-5558
Fax: 321-777-8228
Email: pszcz@absolutecoating.com

Division of Corporations
Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Subject: Application for Reinstatement, Absolute Optics & Coatings

Enclosed please find a check in the amount of \$150 for our uniform business report filing fee. Per the "important facts" section, we are requesting that the reinstatement fee be waived. The "Notice of Administrative Dissolution or Revocation" form included with this letter is the first we show receiving from the Florida Department of State this year. We show no records that any previous UBR notices were received in 2003.

If there are any issues with our reinstatement, or if you require additional information, please contact me.

Thank you very much.

Paul Szczepanski
President
Absolute Optics & Coatings, Inc.