

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 15 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F86717

1. Corporation Name

Elastic Roof Coating, Inc.

2. Principal Office Address

1232 Edenville Avenue

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

32624

Country

USA

3. Mailing Office Address

901 Bal Harbor Blvd.

Suite, Apt. #, etc.

City & State

Punta Gorda, Florida

Zip

33950

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/24/1982

5. FEI Number

59-2199931

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **FOR A CORPORATION**

7. Name and Address of Current Registered Agent

Name

Patrick M. O'Connor, Esquire

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

2240 Belleair Road

Suite, Apt. #, Etc.

Suite 160

City

Clearwater

State

FL

Zip Code

33764

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

5/8/00

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
PDST	Evelyn Slayton	901 Bal Harbor Blvd.	Punta Gorda, Florida 33950

REINSTATEMENT 98-00 TS

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: Evelyn Slayton as President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/9/00

(941) 505-0268

Daytime Phone #