

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F93000002496

1. Corporation Name

COOPER COIL COATING, INC.

Principal Place of Business

5110 140TH AVE NORTH
CLEARWATER FL 33760
US

Mailing Address

5110 140TH AVE NORTH
CLEARWATER FL 33760
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1993

5. FEI Number

58-2050685

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
T	KEEGAN, NICK	THE COURTYARD WARWICK RD	SOUTH HULL, W MIDLAND UK
TD	WAKELEY, DAVID	THE COURTYARD, WARWICK RD	SOUTH HULL, W, MIDLAND UK
DM	O'DONOVAN, PETER	5110 140TH AVE N	CLEARWATER FL 33760
P/M	CRAWFORD, DEEK	13899 LEATHER SOUND CIRCL E CLEARWATER, FL 33762	

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100004700111-9

-11/30/01-01039-019

****600.00 State ****600.00

FL

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.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/31/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-01 727-535-6160

FILED
01 NOV -5 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01
6/20/01 90004 034 750-60

CR2E040 (8/01)