

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 22 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J76974

1. Corporation Name

Jamie Coat Corp.

2. Principal Office Address

3107 SW 20 Th. Terr.

3. Mailing Office Address

Suite, Apt. #, etc.

C - 2

Suite, Apt. #, etc.

City & State

Delray Beach, Florida 33445

City & State

Zip

334454

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59 - 2818707

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

W08

7. Name and Address of Current Registered Agent

Name

James J. Laudicina

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

3107 SW 20 Th. Terrace

Suite, Apt. #, Etc.

C - 2

City

Delray Beach

State

FL

Zip Code

33445

600058852278

08/22/05 - 01072 - 002 \$50.00

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

James J. Laudicina
REGISTERED AGENT MUST SIGN

Date

8/15/05

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
President	James J. Laudicina	3107 SW 20 Th. Terr. C - 2	Delray Beach, Florida 33445

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:

James J. Laudicina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/15/05

Date

(561) 843 - 7023

Daytime Phone #

CR2E01 (01/04)



3107 S W 20 Th. Terrace
Delray Beach, Florida 33445

OFFICE / FAX: 561 - 243-4132

CELL: 561-843-7023

2052

AUGUST 18, 2005

DIVISIONS OF CORPORATIONS
P. O BOX # 6327
TALLAHASSEE, FLORIDA 32314

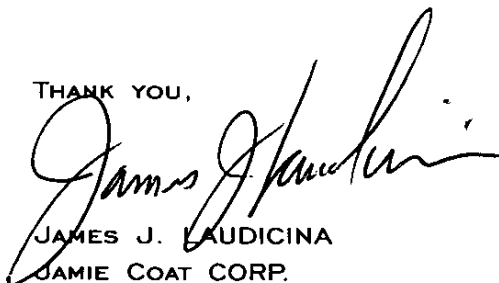
ATTN: CORPORATE REINSTATEMENTS
JAMIE COAT CORP. # J 76974

GENTLEMAN;

AS PER MY TELEPHONE CONVERSATION ON 8/17/05 CONCERNING MY CORPORATION REINSTATEMENT, I HAVE NEVER RECEIVED ANY PRIOR NOTICE'S OR REPORT FORMS CONCERNING THE AFOREMENTIONED CORPORATION.

I WOULD LIKE AT THIS TIME RESPECTFULLY REQUEST THAT YOU WAVE MY FEES AND ACCEPT THE ENCLOSED AMOUNT OF \$ 450.00 THAT THE EXAMINER RECOMMENDED I ENCLOSE ALONG WITH THE ATTACHED REINSTATEMENT APPLICATION.

THANK YOU,


JAMES J. LAUDICINA
JAMIE COAT CORP.