

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

1998 MAR 23 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J96741**

1. Corporation Name

**NATIONAL COATING, INC.**

*W98-5647*

Principal Place of Business

Mailing Address

**1901 MASON AVENUE SUITE 109  
DAYTONA BEACH, FL 32117**

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

2. New Principal Office Address, If Applicable

**1901 MASON AVENUE**

3. New Mailing Office Address, If Applicable

**1901 MASON AVENUE**

Suite, Apt. #, etc.

**SUITE 109**

Suite, Apt. #, etc.

**SUITE 109**

City & State

**DAYTONA BEACH, FL**

City & State

**DAYTONA BEACH, FL**

Zip

**32117-5105**

Country

**USA**

Zip

**32117-5105**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/12/87**

5. FEI Number

**59-3092643**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
S, T, D	BARBARA J. HAMPTON	625 MARINA POINT DR	DAYTONA BEACH, FL 32117
P, D	JEFFREY A. HAMPTON	1223 PARKSIDE STREET	ORLANDO BEACH, FL 32174
			100002467331--0
			03/24/98--01106--017
			***1200.00 ***1200.00
<b>REINSTATEMENT</b>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

**BARBARA J. HAMPTON**

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

**625 MARINA POINT DR.**

Suite, Apt. #, Etc.

City

**DAYTONA BEACH**

State

**FL**

Zip Code

**32117**

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 **Barbara J. Hampton**  
REGISTERED AGENT MUST SIGN

Date **3-18-98**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

**Barbara J. Hampton**

**BARBARA J. HAMPTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(904) 274-4027**

Daytime Phone #

CR2E040 (12/96)