PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Sec	PARTMENT OF STATE cretary of State		FILED TO APR 28 AM 9: 34
DOCUMENT # 408000095251 1. Corporation Name			SEGRETARY DE STATE, MELAHASSEE FLORIDA	
Technical Coatings of Mernitt LLC' 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1734 Sunbeam Ln. 54ME			400178302964 04/28/1001005003 **277.50 cr2E081 (11/09)	
Suite, Apt. #, etc. Suite, Apt. #,		,	Date Incorporated or Qualified	
N/14 City & State Tallahasser Flonida Zip Country	City & State	Country	5. FEI Number	7689 Not Applicable
32310 Leon				OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name George A. Mervitt Street Address (P.O. Box Number is Not Acceptable) 1734 Sun beam LA. Suite, Apt. #, Etc. N/A City Tallahassee FL 323			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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 Date April 28, 2010 REGISTERED AGENT MUST SIGN				
Names and Street Addresses of Each Officer an Name of	d/or Director (Florida	nonprofit corporations must list at lea		0.00
Mgrm George A. Merri		Officer and/or Director		TallahasseeFL, 32310
REINSTAT	EMEN	VT 2009, 6	lo10	
10. E-mall Address: Art Merrit 101@ Yahoo, Com				
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 filling 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. I further certify, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #				