

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 21 PM 2:15

DOCUMENT # M04000003029

1. Limited Liability Company's Name

CL Coatings, LLC

W08000005798

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

8450 W 191st Street

Suite, Apt. #, etc.

Unit 19

City & State

Mokena, IL

Zip

60448

Country

USA

3. Mailing Office Address

8450 W 191st Street

Suite, Apt. #, etc.

Unit 19

City & State

Mokena, IL

Zip

60448

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

7/01/04

6. FEI Number

20-1396269

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation Systems

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ A \$100 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 \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Madonna Cuddihy

Madonna Cuddihy

Special Assistant Secretary

1/24/08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Allan DeLange	8450 W 191 st Street	Mokena, IL, 60448
Mgr	Skopiotis (Jim) Sourbis	8450 W 191 st Street	Mokena, IL, 60448
Mgr	Michael Chatos	8450 W 191 st Street	Mokena, IL, 60448
			400116339024 01/29/08--01020--017 ***382.50
			400116339024 02/21/08--01034--001 ***133.75
			REINSTATEMENT 06-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Allan DeLange

Date

1/15/08

Daytime Phone #

815-464-3053

Typed or printed name of signing Managing Member/Manager

Allan DeLange