

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 11 PM 3:37

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M04000004459

1. Limited Liability Company's Name

SEI Coatings, LLC

W08-9280

300117825363  
02/12/08--01013--007 \*\*382.50

300117825363  
03/21/08--01008--020 \*\*133.75  
CR2E041 (12/07)

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

8450 W 191<sup>st</sup> Street

Suite, Apt. #, etc.

Unit 19

City & State

Mokena, IL

Zip

60448

Country

USA

3. Mailing Office Address

8450 W 191<sup>st</sup> 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

9/29/04

6. FEI Number

20-1691338

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 System

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 Cuddini*

Madonna Cuddini

Special Assistant Secretary

1/30/08

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 <sup>st</sup> Street	Mokena, IL, 60448
Mgr	Skopiotis (Jim) Sourbis	8450 W 191 <sup>st</sup> Street	Mokena, IL, 60448
Mgr	Michael Chatkos	8450 W 191 <sup>st</sup> Street	Mokena, IL, 60448
			FF \$516.25
			REINSTATEMENT

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