

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -6 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000030121

1. Corporation Name

ALAN W. BROWN QUALITY COATING INC.

Principal Place of Business

Mailing Address

2031 N.E. 15TH STREET
FORT LAUDERDALE FL 33304

2031 N.E. 15TH STREET
FORT LAUDERDALE FL 33304

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/2000

5. FEI Number

65-0988312

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BROWN, ALAN	2031 N.E. 15TH STREET	FORT LAUDERDALE FL 33304
D	BROWN, MARIALICE	2031 N.E. 15TH STREET	FORT LAUDERDALE FL 33304

800028067788
02/03/04--01004--002 **175.00

800028067788
04/09/04--01011--021 **125.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, ALAN W
2031 N.E. 15TH STREET
FORT LAUDERDALE FL 33304

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Alan W Brown

REGISTERED AGENT MUST SIGN

Date 1/27/04

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 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: X

Alan W Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/04

Daytime Phone #

CR2040 (7/03)

Alan W. Brown Quality Coating Inc.
2031 N.E. 15TH Street
Fort Lauderdale, Fl. 33304-1438

January 28, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida

To whom it may concern:

We are requesting that the penalty be waived for failure to file our 2003 corporation annual report/uniform business report form as required by law. We did not receive the annual renewal in the mail and we were unaware that we were required to file. Now that we received the notice of administrative dissolution of revocation we are aware that we need to file annually and will make a note of it so we do not fail to file again. We are a small company and can not afford the penalty. Again we apologize but we did not receive the form in the mail and were not looking for it as we were not aware of the requirement. Thank you for your consideration of this matter.

Thank you,

A handwritten signature in black ink that reads "Alan W. Brown". The signature is written in a cursive, flowing style.

Alan Brown