

12/17/01 15:37 FAX 9419367997

Green Schoenfeld & Kyle

0002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

H01000122011 9
FILEDCORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 DEC 17 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067008

1. Corporation Name

Spray Decks, Inc.

2. Principal Office Address

2606 10th Street West

Suite, Apt. #, etc.

City & State

Lehigh Acres, FL

Zip

33971

Country

USA

3. Mailing Office Address

2606 10th Street West

Suite, Apt. #, etc.

City & State

Lehigh Acres, FL

Zip

33971

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/12/2000

5. FEI Number

65-1023281

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

7. Name and Address of Current Registered Agent

Name

Troy Sassaman

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

2606 10th Street West

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33971

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

REGISTERED AGENT MUST SIGN

Date 12-14-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Troy Sassaman	2606 10th Street West	Lehigh Acres, FL 33971
VP	Kristina Gunn	2606 10th Street West	Lehigh Acres, FL 33971
S	Troy Sassaman	2606 10th Street West	Lehigh Acres, FL 33971
T	Troy Sassaman	2606 10th Street West	Lehigh Acres, FL 33971

10. 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)(d), 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:

Troy Sassaman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-01

Date

368-2225

941-168-0165

Daytime Phone #

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Division of Corporations

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : GREEN SCHOENFELD & KYLE LLP
Account Number : I20000000177
Phone : (941) 936-7200
Fax Number : (941) 936-7997

CORPORATION REINSTATEMENT

SPRAY DECKS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$758.75