

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 10, 2003 8:00 A.M
Secretary of State

DOCUMENT #

1. Corporation Name

Asphalt Protection Company, Inc.
P00000094689

2. Principal Office Address

8949 SE. Bridge Rd.

Suite, Apt. #, etc.

PMB #160

City & State

Hobe Sound, FL

Zip

33455

Country

USA

3. Mailing Office Address

8949 SE. Bridge Rd.

Suite, Apt. #, etc.

PMB #160

City & State

Hobe Sound, FL

Zip

33455

Country

USA

400012232764

02/10/03--01115--012 **308.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/6/2000

5. FEI Number

65-1066507

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bernard R. Smith Jr.

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

9095 SE. Mercury St.

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/7/03

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
VP/TO	Bernard R. Smith	9095 SE. Mercury St.	Hobe Sound, FL 33455
PS	Lynn A. Smith	9095 SE. Mercury St.	Hobe Sound, FL 33455

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)(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03

Date

772-545-7989

Daytime Phone #

CR2E081 (10/02)

2/13

Asphalt Protection Company, Inc.
8949 SE Bridge Road, PMB #160
Hobe Sound, FL 33455
772-545-799/Fax 772-545-2025

February 7, 2003

Florida-Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is sent to inform you that Asphalt Protection Company, Inc. did not receive any notification for the year 2002 to my knowledge. I would respectfully request that the late fees be waived. I am enclosing my check for \$308.75 as advised by the Division of Corporations Department.

Thank you, in advance, for your professional courtesies in this matter.

Sincerely,



Lynn Smith, President
Asphalt Protection Company, Inc.