

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 23 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115634

1. Corporation Name

Armor Coat Spray on Siding, Inc.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address 13773 SE 8th Court		3. Mailing Office Address PO Box 1167	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocala, FL		City & State Bellevue, FL	
Zip 34480	Country USA	Zip 34421	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/19/2000	
5. EEI Number 59-3687535	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Evelyn Kay Smith	
Street Address (P.O. Box Number is Not Acceptable) 13773 SE 8th Court	
Suite, Apt. #, Etc.	
City Ocala	State / Zip Code FL 34480

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 Evelyn Kay Smith Date 03/13/2006
REGISTERED AGENT MUST SIGN

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
PSC	Evelyn Kay Smith	13773 SE 8th Court	Ocala, Florida 34480
DVP	Norman C. Smith	13773 SE 8th Court	Ocala, Florida 34480

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 contained in Chapter 119, 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: Evelyn Kay Smith Evelyn Kay Smith 03/13/2006 352-553-5397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Norman C. Smith

Hallo

My name is Norman Smith.
And we had moved in 2003
from Pace Fl. and never got
another uniform business report
So I called the lady in
your office and ask about
keeping my Co. Name she
said the \$600[≈] would be
waived if I paid 450[≈] reinstata-
ment fee. So please do so.

Thank you

Norm Smith

Ph # 352-553-5397

352-307-6178

NOTE

IF Armor Coat

SPRAY ON SIDING

Can't be reinstated for
\$450[≈] Please send
my check BACK.

Thank you.