

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

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115634

1. Corporation Name

Armor Coat Spray on Siding, Inc.

2. Principal Office Address

13773 SE 8th Court

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34480

Country

USA

3. Mailing Office Address

PO Box 1167

Suite, Apt. #, etc.

City & State

Bellevue, FL

Zip

34421

Country

USA

REINSTATEMENT 04-06

CR2E081 (12/05)

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 ☐

\$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

FL

Zip Code

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*  
REGISTERED AGENT MUST SIGN

Date 03/13/2006

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evelyn Kay Smith

03/13/2006

Date

352-553-5397

Daytime Phone #

*Norm 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<sup>~</sup> would be  
waived if I paid 450<sup>~</sup> reinstatement  
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<sup>~</sup> Please send  
my check BACK.

Thank you.