

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 27 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0100033806

1. Corporation Name

Superior Coating Consultants, Inc.

500063483585

01/12/06--01003--007 **600.00

2. Principal Office Address

9600 W. Caravan Path

3. Mailing Office Address

9600 W. Caravan Path

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crystal River, FL

City & State

Crystal River, FL

Zip

34428

Country

Citrus

Zip

34428

Country

Citrus

4. Date Incorporated or Qualified
To Do Business in Florida

3-25-2001

5. FEI Number

59-3717238

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

Gary E. Collins

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

9600 W. Caravan Path

Suite, Apt. #, Etc.

City

Crystal River

State
FL

Zip Code
34428

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

Date

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
P	Gary E. Collins	9600 w. Caravan Path	Crystal River, FL 34428
S	Karol Collins	9600 W. Caravan Path	Crystal River, FL 34428

K. Eske DEC 27 2005

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: *Gary E. Collins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-23-05

I, GARY COLLINS did not receive my 2/2
ANNUAL REPORT for the YEAR 2001.

Gary Collins