

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000061685

1. Corporation Name

URECOATS MANUFACTURING, INC.

2. Principal Office Address

718 S. MILITARY TRAIL

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

U.S.

3. Mailing Office Address

718 S. MILITARY TRAIL

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

U.S.

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

06-20-01

5. FEI Number

65-1135923

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

SADER AND LEMAIRE, P.A.

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

1901 W. CYPRESS CREEK ROAD

Suite, Apt. #, Etc.

STE 415

City

FT. LAUDERDALE

State

FL

Zip Code

33309

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

10-9-03

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 |
|----------|--------------------------------------|---|--|
| <u>P</u> | <u>MICHAEL T. ADAMS</u> | <u>718 S. MILITARY TRAIL</u> | <u>DEERFIELD BEACH FLORIDA 33442</u> |
| <u>T</u> | <u>JOHN G. BARBAR</u> | <u>718 S. MILITARY TRAIL</u> | <u>DEERFIELD BEACH FLORIDA 33442</u> |
| <u>S</u> | <u>MATTHEW SIMRING</u> | <u>718 S. MILITARY TRAIL</u> | <u>DEERFIELD BEACH FLORIDA 33442</u> |
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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:

URECOATS MANUFACTURING, INC.
Michael T. Adams, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

(954) 428-8686

CR2E081 (10/02)

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