

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P02000066803

04 JAN 30 PM 2:21

1. Corporation Name

DECO-COAT, INC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

HIGHWAY 47 RT 9 BOX 785-19  
LAKE CITY FL 32024

HIGHWAY 47 RT 9 BOX 785-19  
LAKE CITY FL 32024



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CANNON CREEK INDUSTRIAL PARK

City & State

City & State

LAKE CITY, FL

Zip

Country

Zip

Country

32025

USA

5. FEI Number

Applied For

72-1528310

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JOSHUA A NICKELSON	RT 15 BOX 40198	LAKE CITY FL 32024
S/T	CRAIG W NICKELSON	1045 ROSSBOROUGH CT	LAKE CITY FL 32025

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NICKELSON, JOSHUA A

HIGHWAY 47 RT 9 BOX 785-19 RT 15 BOX 40198

LAKE CITY FL 32024

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Joshua A Nickelson*  
REGISTERED AGENT MUST SIGN

Date 1/7/04

11. 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:

*Joshua A Nickelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSHUA A NICKELSON

Date

1/7/04

Daytime Phone

396 623 1488

**DECO-COAT, INC  
RT 10 BOX 602  
LAKE CITY, FL 32025**

November 24, 2003

Division of Corporations  
P O Box 6327  
Tallahassee, Fl 32314


**Re: Reinstatement Deco-Coat, Inc  
P02000066803  
FEIN # 72-1528310**

Dear Sirs,

Your records show that this corporation is administratively dissolved Sept 19, 2003. Upon calling Regarding this it was explained that the application & payment received on time did not include the FEIN Number on it and that a letter stating that was sent by you to us explaining this.

Somehow we did not see this letter and did not acknowledge it. I called about this and was told to explain this situation. Please consider reinstating this Corporation with out the reinstatement fee. Please advise if this is possible.

Thank you for your consideration.

  
Joshua A Nickelson, President