

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 29 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000079129

1. Corporation Name

SKD INDUSTRIAL CORP

2. Principal Office Address

1920 NW 18TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1920 NW 18TH STREET

Suite, Apt. #, etc.

City & State

POMPAHO BEACH, FL

Zip

33069

Country

USA

City & State

POMPAHO BEACH, FL

Zip

33069

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/22/2002

5. FEI Number

02-0634034

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

ANDREW KRAMER CPA

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

1000 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

SUITE 250

City

PLANTATION

State

FL

Zip Code

33324

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

*And LTL*

Date 12/18/03

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
PD	PETER S. LEE MAN	4455 WOODFIELD BLVD	BOCA RATON, FL 33434

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER LEE MAN

Date

12/18/03

Daytime Phone #

954-970-9295

CR2E081 (10/02)

SKD INDUSTRIAL CORP  
D/b/a POWDER COATING SERVICES  
1920 N.W. 18<sup>th</sup> STREET  
POMPANO BEACH, FL 33069

December 18, 2003

Department of State  
Division of Corporations -  
Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: SKD Industrial Corp.  
Document # P02000079129

Gentlemen:

As the owner and officer of the above referenced corporation, I am writing you to request reinstatement of this corporation. I am requesting a one-time waiver of any reinstatement fees for 2003 based upon the following reasons. My accountant recently informed me that my corporation had been involuntarily dissolved for failure to file the annual report and pay the annual fee. I never received a Uniform Business Report for 2003. This is the first time I have ever owned and operated a corporation in Florida, and I was not aware of this annual filing requirement. I would have filed the Annual Report if we had received it, but that was not the case. My accountant has since brought the annual filing requirement to my attention. He said that the registered agent should have informed us as well. We have changed the registered agent as indicated on the enclosed reinstatement form. I will file the Uniform Business Reports for future years in a timely manner (on or before May 1).

I have enclosed a completed corporation reinstatement form, along with a check for \$150 payable to the Department of State representing the annual fee for 2003. Based upon the above information, please reinstate my corporation and grant me the one-time waiver of reinstatement fees. Thank you in advance for your cooperation.

Sincerely,

  
Peter Leeman

Enclosures 