

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 AUG 27 A 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400160032834  
08/27/09--01047--017 \*\*600.00

CR2E081 (12/08)

DOCUMENT # P03000046602

1. Corporation Name

FIBERGLASS & GELCOAT, INC

2. Principal Office Address - No P.O. Box #

1535 SW 44TH TERR

3. Mailing Office Address

1535 SW 44TH TERR

Suite, Apt. #, etc.

SUITE # 1

Suite, Apt. #, etc.

STE 1

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33317

Country

USA

Zip

33317

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
36-4529699

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

CLEMENT ARCHIBALD

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

1535 SW 44TH TERR

Suite, Apt. #, Etc.

STE 1

City

FORT LAUDERDALE

State

FL

Zip Code

33317

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Clement Archibald*

REGISTERED AGENT MUST SIGN

Date AUGUST 24TH, 2009

**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
DPST	CLEMENT ARCHIBALD	1535 SW 44TH TERR	FORT LAUDERDALE FL 33317

**REINSTATEMENT**  
06-09  
[Signature]

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:

*Clement Archibald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/24/2009

Date

Daytime Phone #