

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000153717



1. Entity Name
SPECIALTY COATINGS AND WATERPROOFING INC.

FILED

07 OCT 15 PM 1:11

CLERK OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 09-1-2007 REINSTATEMENT 09-2E098(1/07)

Principal Place of Business
P O BOX 2201
LAKE PLACID, FL 33862

Mailing Address
P O BOX 2201
LAKE PLACID, FL 33862

2. Principal Place of Business - No P.O. Box #
1050 Oriole St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Placid FL

City & State

4. FEI Number
20-0519468

Applied For
Not Applicable

Zip
33852

Country
Highlands

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLEY FINANCIAL SERVICES INC.
209 US 27 S
LAKE PLACID, FL 33852

Name
Marc Cram

Street Address (P.O. Box Number is Not Acceptable)
1050 Oriole St.

City
Lake Placid FL Zip Code
33852

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-19-07

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PS
CRAM, MARC
P O BOX 2201
LAKE PLACID, FL 33862 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
CAPPADONA, CHARLES
4435 EDWARDS ROAD
CLOEMONT, NC 28612 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400109770114
09/21/07--01055--004 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-07 863-465-5538

Date

Daytime Phone #