

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P03000155112

1. Corporation Name

Premier Coating of Central Florida, Inc

2. Principal Office Address

3216 Fairmont place

Suite, Apt. #, etc.

City & State

Haines City, Florida

Zip

33844

Country

Polk

3. Mailing Office Address

3216 Fairmont place

Suite, Apt. #, etc.

City & State

Haines City, Florida

Zip

33844

Country

Polk

FILED
06 JAN 31 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida

Dec-04

5. FEI Number

52-2421017

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

ROGER HERNANDEZ

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

3216 Fairmont place

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

33844

300065570183

02/10/06--01026--009 **1093.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-23-06

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
P.D.T.	Roger Hernandez	3216 Fairmont Place	Haines City FL 33844
S	Nicole Hernandez	3216 Fairmont Place.	Haines City FL 33844
V	Joseph Disalvatore	14563 Global Circle	Apt 3602 Orlando, FL 32821

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:

[Signature] Roger Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06 (321) 624-2105

Date

Daytime Phone #