

2004-05 Re

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P03000157382  
**1. Corporation Name** TRIPLE E PROTECTIVE COATINGS, Inc.  
6601 LYONS RD, H-7  
COCONUT CREEK, FL 33073

**2. Principal Office Address** 6601 LYONS RD H-7  
Suite, Apt. #, etc.  
**City & State** COCONUT CREEK, FL  
**Zip** 33073 **Country** USA

**3. Mailing Office Address** 6601 LYONS RD H-7  
Suite, Apt. #, etc.  
**City & State** COCONUT CREEK, FL  
**Zip** 33073 **Country** USA

CR2E081 (8/05)

**4. Date incorporated or Qualified To Do Business in Florida** 12/01/04  
**5. FEI Number** Applied For Not Applicable  
**6. CERTIFICATE OF STATUS DESIRED** ☐

**7. Name and Address of Current Registered Agent**  
**Name** BILL HERRELLA  
**Street Address (P.O. Box Number is Not Acceptable)** 6601 LYONS RD H-7  
**City** COCONUT CREEK  
**State** FL **Zip Code** 33073

**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**  **Date** 11/20/05  
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	WALTER SCHEFFEL	6601 LYONS RD H-7	COCONUT CREEK, FL 33073

**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 parties 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:**  **SCHOFFER** 15 Oct 2005  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
05 DEC -5 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fee #  
looked  
like 554  
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JMM

OCTOBER 17, 2005

TO WHOM IT MAY CONCERN:

I AM TRYING TO REINSTATE MY CORPORATION FOR THE PAST YEAR. I HAVE CHECKED ITS STATUS ON SUNBIZ.ORG AND THEY SAY MY CORPORATION IS INACTIVE. I NEED TO REINSTATE THE CORPORATION, I HAD NEVER RECEIVED THE REINSTATEMENT PAPER FORMS.

I UNDERSTAND THAT IT'S A PENALTY OF \$150 PER YEAR. I HAVE ATTACHED A CHECK OF \$300 TO REINSTATE THE CORPORATION TO AN ACTIVE STATUS.

THANK YOU

WOUTER SCHEFFER, PRES  
TRIPLE E PROTECTIVE COATINGS, INC.  
FEI # 52-229-0502  
6601 LYONS RD, H-7  
COCONUT CREEK, FL 33073  
954-421-4244

**THERMOGUARD**