

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000158037**

1. Corporation Name

Professional Concrete Coatings

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

293 N. McCall Rd.

3. Mailing Office Address

293 N. McCall Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood Fl.

City & State

Englewood, Fl.

Zip

34223

Country

U.S.A.

Zip

34223

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Blair Constantine

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

293 N. McCall Rd

Suite, Apt. #, Etc.

City

Englewood

State

FL

Zip Code

34223

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 **2-17-2011**

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
Pres.	Blair Constantine	293 N. McCall Rd	Englewood Fl. 34223
Sec.	Monica Constantine	293 N. McCall Rd	Englewood, Fl 34223

10. E-mail Address:

BLAIR3MAN@YMAIL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-2011 941-270-2034

Date

Daytime Phone #

11 FEB 23 PM 4:43

700195799307
02/23/11--01023--006 **1050.00
CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12-12-03

5. FEI Number

20-0532376

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**