

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 FEB 10 PM 4:09

REINSTATEMENT 05-06



02082006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000057287 1. Entity Name HAZTEC INDUSTRIAL COATINGS INC.			
Principal Place of Business 2140 62ND TERRACE 7 ST PETERSBURG, FL 33712 US		Mailing Address PO BOX 46504 TAMPA, FL 33647 US	
2. Principal Place of Business 3145 Pinellas Point Dr. S. Suite, Apt. #, etc. 53		3. Mailing Address P.O. Box 46368 Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State Tampa, FL	
Zip 33712		Zip 33647	
4. FEI Number 20-0950155		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, BROCK E 2140 62ND TERRACE ST PETERSBURG, FL 33712		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Brock Johnson</u> <u>Brock Johnson, President 2-8-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, BROCK E PO BOX 46504 TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 600065816766 02/14/06--01016--006 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JOHNSON, MCCLEATA J PO BOX 46504 TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.			
SIGNATURE: <u>Brock Johnson</u> <u>Brock Johnson</u>		2/8/06 727 455-8769 (813) 391-9535	