2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000130472

Entity Name: NATION-COAT, INC.

FILED Oct 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

128 SW AINSLEY GLN 122 SW MIDTOWN PL LAKE CITY, FL 32024

US SUITE 101

LAKE CITY, FL 32025 US

Current Mailing Address: New Mailing Address:

P.O. BOX 793 128 SW AINSLEY GLN

LAKE CITY, FL 32024 US LAKE CITY, FL 32056 US

FEI Number: 34-2016204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BULOCK, THOMAS J BULOCK, THOMAS J 128 SW ÁINSLEY GLN 250 SW WALTER AVE LAKE CITY, FL 32024 US US LAKE CITY, FL 32024

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.

SIGNATURE: THOMAS BULOCK 10/04/2005

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

BULOCK, THOMAS J BULOCK, THOMAS J Name: Name: 128 SW AINSLEY GLN Address: 250 SW WALTER AVE Address: City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: LAKE CITY, FL 32024

() Delete Title: VΡ Title: VΡ (X) Change () Addition

Name: BULOCK, ARICA G Name: BULOCK, ARICA G 128 SW AINSLEY GLN Address: 250 SW WALTER AVE Address: LAKE CITY, FL 32024 LAKE CITY, FL 32024 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: THOMAS BULOCK 10/04/2005