

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 OCT 24 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000164824

1. Corporation Name

FLORIDA CUSTOM COATINGS, INC.

2. Principal Office Address

19840 HUBER ROAD

Suite, Apt. #, etc.

City & State

NORTH FT. MYERS, FL

Zip

33917

Country

USA

3. Mailing Office Address

19840 HUBER ROAD

Suite, Apt. #, etc.

City & State

NORTH FT. MYERS, FL

Zip

33917

Country

USA

000060897670
10/24/05--01056--020 **750.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/2004

5. FEI Number

73-1723904

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

PAUL W. DANIELS

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

19840 HUBER ROAD

Suite, Apt. #, Etc.

City

NORTH FT. MYERS

State

FL

Zip Code

33917

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

Paul W. Daniels

REGISTERED AGENT MUST SIGN

Date 10-18-2005

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
D	DANIELS, PAUL W.	19840 HUBER ROAD	N. FT. MYERS, FL 33917
D	DANIELS, MARY E.	19840 HUBER ROAD	N: FT. MYERS, FL 33917
D	DANIELS, CHARLES F.	3306-11th STREET WEST	LEHIGH ACRES, FL 33971

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

Paul W. Daniels

Paul W. Daniels

10/18/05

239-910-6694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24
aw