

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 16 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 05000060847

1. Corporation Name

Colass Coatings Specialist, Inc.

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

2203 N. Lois Ave

3. Mailing Office Address

" "

Suite, Apt. #, etc.

939

Suite, Apt. #, etc.

" "

City & State

Tampa FL

City & State

" "

Zip

33607

Country

USA

Zip

" "

Country

" "

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

4-22-2005

5. FEI Number

202718497

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

Jason Obradovich

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

2203 N. Lois Ave

Suite, Apt. #, Etc.

939

City

Tampa

State

FL

Zip Code

33607

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Jason Obradovich
REGISTERED AGENT MUST SIGN

Date 15 Dec 2009

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	Jason Obradovich	2203 N Lois Ave ste. 939	Tampa FL 33607

000163667670
12/16/09--01019--012 **900.00

REINSTATEMENT

RLH

10. E-mail Address: Jason@SAfetyForWindows.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:

Jason Obradovich

15 Dec 2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 340-0924