

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000026955

1. Corporation Name

COFFMAN MANUFACTURING, INC.

Principal Place of Business

15420 CR 565A
CLERMONT FL 34711

Mailing Address

15420 CR 565A
CLERMONT FL 34711

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

P.O. Box 120188

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34711

Country

Lake

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1993

5. FEI Number

59-3173822

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	COFFMAN, ERNIE L	11249 CYPRESS DRIVE	CLERMONT FL
D	COFFMAN, PAMELA L	11249 CYPRESS DRIVE	CLERMONT FL
			500003455465--4 -11/07/00--01090--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SELLAR SEWELL RUSS & SAYLOR P.A.
907 WEBSTER STREET
LEESBURG FL 34748

9. Name and Address of New Registered Agent

Name

Richard H. Langley

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

700 Almond Street

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Richard H. Langley
REGISTERED AGENT MUST SIGN

Date October 18, 1993

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 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:

Ernie L. Coffman Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-18-00

Daytime Phone #

CR2E040 (800)