

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 15 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000074268**

1. Corporation Name

CONTEMPORARY COATINGS, INC.

Principal Place of Business

19251 NW 180TH AVE
WILLISTON FL 32698

Mailing Address

19251 NW 180TH AVE
WILLISTON FL 32698



REINSTATEMENT *96*

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/05/1994	
City & State		City & State		5. FEI Number 59-3301986	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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 Office and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WIERDA, MARK W SR.	19251 NW 180TH AVE	WILLISTON FL

600002011866-1
-11/22/96--01010--002
###375.00 ###375.00

08/12/96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WIERDA, MARK W SR 19251 NW 180TH AVE WILLISTON FL 32698		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 *Mark W Wierda* REGISTERED AGENT MUST SIGN Date *11/13/96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(l), 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: *Mark W Wierda* REGISTERED AGENT MUST SIGN Date *11/13/96* 752-375-1100