

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000010258

1. Corporation Name

SURFACE SPECIALTIES INC.

Principal Place of Business

16513 PLATINUM DR
SPRING HILL FL 34610

Mailing Address

16513 PLATINUM DR
SPRING HILL FL 34610

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1995

5. FEI Number

59-3296586

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	RICKETSON, IDA SUSAN	16513 PLATINUM DR	SPRING HILL FL
S	RICKETSON, J. TODD	16513 PLATINUM DR	SPRING HILL FL 34610
T	Ricketson, Jason A	16513 Platinum Dr	Spring Hill, FL 34610
			800003087488--9
			01/04/00 01063--006
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

RICKETSON, I.S.
16513 PLATINUM DR.
SPRING HILL FL 34610

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Ida Susan Ricketson

REGISTERED AGENT MUST SIGN

REQUIRED

Date 10/15/99

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:

Ida Susan Ricketson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99

Date

727-8568184

Daytime Phone #