PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

97 NOV 13 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000073151**

1. Corporation Name

RHINO COATINGS, INC.

Principal Place of Business	Mailing Address
~~6441 19TH STREET EAST~~ ~~SARASOTA FL 34243~~	~~6441 19TH STREET EAST~~ ~~SARASOTA FL 34243~~

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

2. New Principal Office Address, If Applicable
700 CHRISLEA RD
Suite, Apt. #, etc.
WOODBRIDGE, ONTARIO
City & State
Zip L4L-8K9 Country CANADA

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 09/19/1995

5. FEI Number 65-0609963 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MARIANO, VITO	4303 EDEN ROSE WAY	SARASOTA FL 34235

REINSTATEMENT 97

A. Mariano
11/13/97

8. Name and Address of Current Registered Agent

MARIANO, VITO
6441 19TH STREET EAST
SARASOTA FL 34243

9. Name and Address of New Registered Agent

Name 600002351046-- 8
Street Address (P.O. Box Number is Not Acceptable) 11/10/97--01091--003
****750.00 ****750.00
Suite, Apt. #, Etc.
City State FL Zip Code

CR2E040 (8/97)

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 X _____ Date 10-30-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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: X _____ 10-30-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #