

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

98 FEB 11 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000090915

1. Corporation Name

Blue River Coatings, Inc.

(W9800001538)

Principal Place of Business

Mailing Address

2910 South Nebraska Ave
Hastings, NE 68901

PO Box 460
Harvard, NE 68944

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

Nov. 28, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

47-0772435

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
Pres.	Richard L. Keller	307 N Kearney	Harvard, NE 68944
V. Pres.	Gerald D. Keller	409 N. Kearney	Harvard, NE 68944
Dir.	Jim G. Grigsby	334 S. Grimsby Lane	Lincoln, NE 68502
Dir.	Timothy Boyd	919 North Lincoln	Hastings, NE 68901
Dir.	James Lee	2309 Rivvendell Drive	New Lenox, IL 60451

8. Name and Address of Current Registered Agent

Palmetto Charter Servies, Inc.
150 Magnolia Avenue
Daytona Beach, FL 32115-2491

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

[Signature] V.P. Palmetto Charter Servies, Inc.
REGISTERED AGENT MUST SIGN

Date

2/3/98

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)(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:

[Signature] Richard L. Keller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-98

Date

402 463 3962

Daytime Phone #

CR2040 (12/96)