

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

DOCUMENT # P95000097247

1. Corporation Name

COATING SYSTEMS, INC.

DEC 31 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9519 MARINER'S COVE LANE
FT MYERS FL 33919
US

17274 SAN CARLOS BLVD., #202
FT. MYERS BEACH FL 33931
9519 MARINERS COVE LANE
FORT MYERS, FL. 33919



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

12/27/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9519 MARINERS COVE LANE

City & State

City & State

FT MYERS, FL

Zip

Country

Zip

Country

33919

FL

5. FEI Number

65-0638167

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	DUGAN, W. RICH	9515 MARINER'S COVE LANE	FT MYERS FL 33919

000002735760--7
-01/11/99--01005--010
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DALLAS, EDWARD A
17274 SAN CARLOS BLVD., #202
FT. MYERS BEACH FL 33931

Name ROBIN F. KULL, CPA
Street Address (P.O. Box Number is Not Acceptable)
15477 BROAD RIDGE CIR.
Suite, Apt. #, Etc.
FORT MYERS, FL
City
State FL Zip Code 33912

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/24/98

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:

W. B. DUGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-482-8547
12/20/98

CR2ED40 (9/95)