

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 DEC -1 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000080909**

1. Corporation Name

CROSSLINK POWDER COATINGS, INC.

Principal Place of Business

Mailing Address

~~5924 WILDWOOD AVENUE~~
~~SARASOTA FL 34231~~

~~5924 WILDWOOD AVENUE~~
~~SARASOTA FL 34231~~



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

2. New Principal Office Address, If Applicable

5182 126th Ave N
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5182 126th Ave N
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1996

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33760

Country

Pinellas

Zip

33760

Country

Pinellas

5. FEI Number

65 070 1791

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	WILLIAMS, DAVID	5924 WILDWOOD AVENUE	SARASOTA FL 34231
D	NELSON, KERRY	4170 CENTER POINTE CIRCLE	SARASOTA FL 34233
V	Williams, David	11601 4th St N #4904	St Petersburg FL 33716
D	Nelson Kerry	6804 Circle Creek Dr	Pinellas Park FL 33781
			800002363478--7 -12/04/97--01107--012
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

WILLIAMS, DAVID
~~5924 WILDWOOD AVENUE~~
~~SARASOTA FL 34231~~

9. Name and Address of New Registered Agent

Name **Williams, David**
Street Address (P.O. Box Number is Not Acceptable)
5182 126th Ave N
Suite, Apt. #, Etc.

City

Clearwater FL

State

FL

Zip Code

33760

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

David Williams

REGISTERED AGENT MUST SIGN

Date **11/25/97**

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:

David Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/97
Date

813 572 4474
Daytime Phone #

CR2E040 (8/97)