

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -9 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000003681

1. Corporation Name

URECOATS INTERNATIONAL, INC.

100023868021  
10/17/03--01005--021 \*\*758.75

REINSTATEMENT 03

2. Principal Office Address

718 S. MILITARY TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

718 S. MILITARY TRAIL

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

U.S.

Zip

33442

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

01-14-97

5. FEI Number

65-0736269

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

SADER AND LEMAIRE, PA

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

1901 W. CYPRESS CREEK ROAD

Suite, Apt. #, Etc.

STE 415

City

FT. LAUDERDALE

State

FL

Zip Code

33309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-9-03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MICHAEL T. ADAMS	718 S. MILITARY TRAIL	DEERFIELD BEACH FLORIDA 33442
T	JOHN G. BARBAR	718 S. MILITARY TRAIL	DEERFIELD BEACH FLORIDA 33442
S	MATTHEW SIMRING	718 S. MILITARY TRAIL	DEERFIELD BEACH FLORIDA 33442

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

(954) 428-8686

Daytime Phone #

CFR2081 (10/02)