PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FILED 05 DEC 19 PH 5: 06		
DOCUMENT # PG7000016565				SCORLTART DE STATE TALLAHASSEE, FLORIDA			
Webst	ter Coatings, Inc.					Ли-о	
_			Office Address OX 37323		CR2E081 (8/05)		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	#, etc.		4. Date Incorporated or Qualified To Do Business in Florida 2/17/97		
City & State Pensa	ncola, Florida	City & State Pensacola,	sacola, Florida		-5. FEI Number Applied For - Not Applied be - Not Applied be - Not Applied be - Not Applied be		
^{Zip} 32526	U.S.	^{Zip} 32526	Country U.S.	6. CERTIFICAT	E OF STATUS DESIRED		
7. Name and Address of Current Registered Agent							
	Stephen P. Webster 7342 Chimney Pines Dr. Suite, Apt. #, Etc. 7000523327 12/21/0501055005					e 75	
	^{city} Pensacola				State 32526		
8. I, being appointed the registered egent of the above named corporation, am familiar with and accept the obligation of Registered Agent REGISTERED AGENT MUST SIGN					ion 607.0505 or 617.0503, F.S. Date 12/14/05		
Names and Street Addresses of Each Officer and/or Director (Flo Name of			Street Address of Each		City / State / Zip		
Pres	Stephen P. Webster		7342 Chimney Pines Dr.		Pensacola, Fl 32526		
	Naylee A. Webster		7342 Chimeny Pines Dr.		Pensacola, Fl 32526		
	Emilie S. Sullivan	198	198 Middlesex Rd. Apt 553				
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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 eath.							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							