

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

02 MAY -6 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-06/27/02--01053--008

\*\*\*\*900.00 \*\*\*\*900.00

DOCUMENT # pg 7000031784

1. Corporation Name

FREDA FLOK COATINGS INC

2. Principal Office Address

110 MANGO COURT

Suite, Apt. #, etc.

City & State

DAVENPORT FL

Zip

Country

33837

POIK

3. Mailing Office Address

40 LN 150 B

Suite, Apt. #, etc.

JIMMERSON LAKE

City & State

ANGOLA IN

Zip

Country

46703

STEUBEN

**REINSTATEMENT 01-02**

4. Date Incorporated or Qualified  
To Do Business in Florida

4-7-1997

5. FEI Number

593437250

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

Kyle T. Parker

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

110 MANGO COURT

Suite, Apt. #, Etc.

City

DAVENPORT

State

FL

Zip Code

33837

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

[Signature]

Date

4-22-02

REGISTERED AGENT MUST SIGN

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

PRESIDENT

KYLE PARKER

110 MANGO COURT

DAVENPORT FL

33837

VICED

PRESIDENT

KIM PARKER

110 MANGO COURT

DAVENPORT FL

33837

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]

KYLE PARKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-22-02

Daytime Phone #

CR2E081 (9/01)