PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION FILED Sandra B. Mortham FOR Secretary of State 99 JAN - 6 PM 2: 25 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE. FLORIDA DOCUMENT # P97000057765 1. Corporation Name SOUTHERN COATINGS OF JACKSONVILLE, INC. Mailing Address Principal Place of Business 1625 JESSIE STREET 1625 JESSIE STREET JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 RENSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 07/01/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 138021 Not Applicable \$8.75 Additional Fee t Country Country CERTIFICATE OF STATUS DESIRED for a Certificate 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip Title(s) and/or Directors D HARRIS, GEORGE C 110 EMERALD LAKE DRIVE DOTHAN AL 36303 D STUCKEY, JAMES C JR 11 WOODMERE DRIVE DOTHAN AL 36305 000002739300--8 -01/13/93--01030--012 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent GRILLO, DAVID Street Address (P.O. Box Number is Not Acceptable) 1625 JESSIE STREET Suite, Apt. #, Etc. JACKSONVILLE FL 32202 City State Zip Code 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 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30.

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

12-31-98

Daytime Phone #