PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # P 98000022203

1. Corporation Name
ADVANCED POWDER COATINGS, INC
4711 126th

REINSTATEMENT 9-07

2. Principal Office Address		**3.** Mailing Office Address	
4711 126th STREET		4711 126th STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE E		SUITE E	
City & State		City & State	
CLEARWATER FL		CLEARWATER FL	
Zip	Country	Zip	Country
34622	USA	34622	USA

4. Date Incorporated or Qualified To Do Business in Florida 3/9/98

5. FEI Number 59-353-1922 — 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
CLARENCE THORP

Street Address (P.O. Box Number is Not Acceptable)
SUITE E 126th ST

Suite, Apt. #, Etc.
SUITE E

City
CLEARWATER FL

State FL — Zip Code 34622

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 _____ Date 8/20/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PRES DIR	CLARENCE THORP	4711 126th ST, SUITE E	CLEARWATER FL 34642

8/8/13

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: _____ 8/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #