

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 -9 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000072210**

1. Corporation Name

MEAD INDUSTRIAL COATINGS, INC.

2. Principal Office Address

1213 E. BEARSS AVE

Suite, Apt. #, etc.

3. Mailing Office Address

15404 STONECREEK LN.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

TAMPA, FL

Zip

33549

Country

USA

Zip

33613

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-17-98

5. FEI Number

59-3691840

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

PERRY MEAD

600005575346-5

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

15404 STONECREEK LANE

-05/21/02--01001--003

******600.00 ****600.00**

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33613

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 **5-7-02**

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	PERRY MEAD	15404 STONECREEK LN.	TAMPA, FL 33613
V.P.			
SEC.			
TRES.			

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:

PERRY MEAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-02

Date

813-963-7453

Daytime Phone #

CR2E081 (9/01)

MEAD

INDUSTRIAL COATING, INC.

UTILITIES • INDUSTRIAL • COMMERCIAL • WATER TREATMENT PLANTS
FIBERGLASS REPAIR • LEAD ABATEMENT • SANDBLASTING • 10,000 LB. PICKUP & DELIVERY

May 7, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

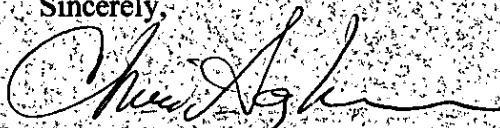
RE: Document #P98000072210

To Whom It May Concern:

Pursuant to our conversation of last week, enclosed please find the completed and signed CORPORATION REINSTATEMENT form. Because the annual renewal forms were mailed to the company's physical address, we did not receive these notifications. All notices should be mailed to: 15404 Stonecreek Lane, Tampa, FL 33613. Also, enclosed is our check in the amount of \$600.00, which should pay the reinstatement and current year fees.

Should you have any questions or if I may be of further assistance in this matter, please do not hesitate to call at 813-963-7453.

Sincerely,



Cheri Sajben

Enclosures

1213 E. BEARSS AVENUE • TAMPA, FLORIDA 33549

PH: 813.963.7453 • PAGER: 813.980.7771

WWW.MEAD-COATINGS.COM