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 IDUSTRIAL COATINGS, INC.

2. Principal Office Address		**3.** Mailing Office Address	
1213 E. BEARSS AVE		15404 STONECREEK LN.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
LUTZ, FL		TAMPA, FL	
Zip	Country	Zip	Country
33549	USA	33613	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
-05/21/02--01001--003
****600.00 ****600.00

Street Address (P.O. Box Number is Not Acceptable)
15404 STONECREEK LANE

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 _____ Date 5-7-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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 5-7-02 813-963-7453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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