

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000099324

1. Entity Name
DOUGLAS COMMERCIAL COATING AND MAINTENANCE,
INC.



FILED

08 NOV 10 PM 3:02

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1553 N.E. 105TH ST 1553 N.E. 105TH ST
MIAMI SHORES, FL 33138 US MIAMI SHORES, FL 33138 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



REINSTATEMENT 08
11/07/08 DEIN CASE 098 (1/07)

4. Filing Number 65-0879091 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKERMAN, DOUGLAS D
1553 NE 105TH ST
MIAMI SHORES, FL 33138

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Douglas D. Dickerman DOUGLAS D. Dickerman Nov. 7, 2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME DICKERMAN, DOUGLAS D ☐ Delete
STREET ADDRESS 1553 NE 105TH ST
CITY - ST - ZIP MIAMI SHORES, FL 33138

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800137780328
CITY - ST - ZIP 11/10/08--01020--017 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Douglas D. Dickerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOUGLAS D. DICKERMAN

Nov. 7th 2008 305-920-6474
Date Daytime Phone #