

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 11 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

ELTE KON PAINTING & WATER PROOFING, INC
P 9900 00 25391

2. Principal Office Address

7666 N.W 73^{terr}

Suite, Apt. #, etc.

City & State

TAMARAC, FL

Zip

33321

Country

BROWARD

3. Mailing Office Address

6916 W BROWARD BLVD

Suite, Apt. #, etc.

266

City & State

PLANTATION, FL

Zip

33317

Country

BROWARD

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 12, 1999

5. FEI Number

65-0873820

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EMILIO COPPIN

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

7666 N.W 73^{terr}

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33321

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

REGISTERED AGENT MUST SIGN

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
P/V/D	EMILIO COPPIN	7666 N.W 73 ^{terr}	TAMARAC, FL 33321

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 contained in Chapter 119, 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:

Emilio Coppin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20f2

To whom it may concern:

As a result of a separation from my
wife: I became delinquent with deadlines, because
I wasn't receiving any of my mail. Should you
reconsider reinstating my cooperation paperwork. I
will be most grateful.

Question

Mr. Emilio Coppin

954 822-5920

Thank you

Emilio Coppin