

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 19 AM 8:00

DOCUMENT # P99000025391

1. Corporation Name

ELTEKON PAINTING & WATERPROOFING INC.

700023264637
09/23/03--01001--025 **308.75

REINSTATEMENT 02-03

2. Principal Office Address

7444 NW 16TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

7444 NW 16TH STREET

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33313

Country

City & State

PLANTATION, FL

Zip

33313

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1999

5. FEI Number

65-0873820

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

EMILIO C. COPPIN

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

7444 NW 16TH STREET

Suite, Apt. #, Etc.

City

PLANTATION

State
FL

Zip Code
33313

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

Emilio C. Coppin
REGISTERED AGENT MUST SIGN

Date

9/18/03

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	EMILIO C. COPPIN	7444 NW 16TH STREET	PLANTATION, FL. 33313
VP	NORMA J. COPPIN	7444 NW 16TH STREET	PLANTATION, FL. 33313

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:

Norma J. Coppin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/03
Date

954-587-8774
Daytime Phone #

CR2081 (10/02)

September 18, 2003

ATTN: Ruby Dunlap

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

FR: ELTEKON Painting & Waterproofing Inc. # P99000025391
Norma Coppin / Vice President

RE: Corporation Reinstatement

Dear Ms. Dunlap:

Per our conversation September 17, 2003, we did not receive the uniform business report notices and was not aware that our corporation status was dissolved. Our mailing address was a mailboxes etc., which under went a series of owners in 2002. Our mail was being placed in the wrong box, returned, and we assume being thrown away. Due to these circumstances, please accept this letter as formal request that the reinstatement penalty be waived.

Enclosed is the application for reinstatement of ELTEKON Painting & Waterproofing Inc, document # P99000025391 and a postal money order in the amount of \$308.75 which represents the filing fee for 2002 and 2003 and the fee of \$8.75 for a Certificate of Status.

If you have any questions or concerns, please contact me directly at (954) 587-8774. We appreciate your expeditious handling of this matter.

Sincerely,



Norma Coppin
Vice President
ELTEKON Painting & Waterproofing Inc.