

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE FALLAHASSEE, FLORIDA	
DOCUMENT # P9900062276 1. Corporation Name	
URECOATS TECHNOLOGIES, INC. 100023867914 10/17/03-01005-018 **758	1.75
2. Principal Office Address 718 S. MILITARY TRAIL Suite, Apt. #, etc. 3. Mailing Office Address 718 S. MILITARY TRAIL Suite, Apt. #, etc. 4. Date incorporated or Qualified	83
To Do Business in Florida 07-12-0	<u>· · · · · · · · · · · · · · · · · · · </u>
S. FEI Number	pplied For ot Applicable
Zip Country Zip Country 6. \$8.75 Additions	
3344と U.S. CERTIFICATE OF STATUS DESIRED W for a Certificate of Status 7. Name and Address of Current Registered Agent	
Name SADER AND LEMAIRE, PA. Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc. STE 415	_
FT. LANDERDALE State Zip Code FL 33389	<u> </u>
8. 1, being appointed the registered agent of the above named corporation, am amiliar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Paristared Agent	
Registered Agent Date Date	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each City / State / Zip Officers and/or Directors Officer and/or Director	
P MICHAEL T. ADAMS 718 S. MILITARYTRAIL FLORIDA 3344. T JOHN G. BARBAR 718 S. MILITARYTRAIL DEERFIELD BEA FLORIDA 3344:	٤
TOHN G. BARBAR 718 S. MILITARY TRAIL FLORIDA 3344	1CH 2
S MATTHEW SIMRING 718S. MILITARY TRAIL FLORIDA 33442	
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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 filling 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #	

gr 10/10