

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN 12 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000083133

1. Corporation Name

UNIVERSAL COATING INC.

2. Principal Office Address

8950 HAWTHORNE AVE
SURFSIDE FL

3. Mailing Office Address

8950 HAWTHORNE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SURFSIDE FL FLORIDA

City & State

SURFSIDE FLORIDA

Zip

33154

Country

DADE

Zip

33154

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

7/19/01

5. FEI Number

65-0949921

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAULA SPEROUTO

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

8950 HAWTHORNE AVE.

Suite, Apt. #, Etc.

City

SURFSIDE

State
FL

Zip Code

33154

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

Paula Sperouto
REGISTERED AGENT MUST SIGN

Date

6/7/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PAULA SPEROUTO	8950 HAWTHORNE AVENUE	SURFSIDE, FLORIDA 33154
VP	FRANK LOEIA	2292 FEVEREISE AVE	ROCKY HILL CT 06154 R750 Temp ID

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:

Paula Sperouto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/02

Date

305-866-5729

Daytime Phone #