

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W040000 38464

APPROVED  
FILED  
04 OCT 22 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S90848**

**1. Corporation Name**

American Powder Coating Services, Inc.

**2. Principal Office Address**

6795 N W 17th Ave

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33309

Country

US

**3. Mailing Office Address**

6795 N W 17th Ave

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33309

Country

US

**REINSTATEMENT**

03-24

**4. Date Incorporated or Qualified**

To Do Business in Florida 10/28/1991

**5. FEI Number**

65-0319633

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

Robert A Symington

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

250 S E 12th St

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33060

**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

REGISTERED AGENT MUST SIGN

Date 10/13/2004

**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
dpvs	Robert A Symington	250 S E 12th St.	Pompano Beach, fl 33060

800041914198  
10/18/04--01004--005 \*\*300.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/2004

Date

954-561-0999

Daytime Phone #

CR2E081 (01/04)



10/13/04

To whom it may concern:

All documents that are included here were previously sent to our old address.

Please note and update for your records our new address:

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American Powder Coating  
6795 NW 17th Avenue  
Fort Lauderdale, Florida 33309

Also, corrected application is enclosed. If you have any questions in regards to letter or application please feel free to contact us.

Thank-You

American Powder Coating

*[Signature]* President - *[Signature]* Aaron Rucker

6795 N.W. 17th Avenue • Ft. Lauderdale, FL 33309

Phone: (954) 561-0999 • Fax: (954) 561-0114