

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 260625**

1. Corporation Name

**EAST COAST PAINTERS, INC.**

Principal Place of Business

7814 NW 64TH ST  
MIAMI FL 33166

Mailing Address

7814 NW 64TH ST  
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/06/1962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **59-0973285**

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WELLS, YOLANDA B.	6925 S.W. 72ND COURT	MIAMI FL
SD	WELLS, WILLIAM D.	6925 S. W. 72ND STREET	MIAMI FL
VPD	LLAGUNO, JULIO	1134 S. W. 102ND PLACE	MIAMI FL

8000002346508-3  
-11/13/97-01055-006  
\*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT**

'97

SCC 11-10-97

8. Name and Address of Current Registered Agent

LLAGUNO, JULIO  
7814 NW 64TH STREET  
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Julio Llaguno*

REGISTERED AGENT MUST SIGN

Date **10/29/97**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Julio Llaguno*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/29/97**  
Date

Daytime Phone #

CR25040 (8/97)