

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB 21 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 260625

1. Corporation Name
EAST COAST PAINTERS, INC.

2. Principal Office Address
6427 N.W. 82 AVE.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

Zip Country
33166 USA

3. Mailing Office Address
6427 N.W. 82 AVE

Suite, Apt. #, etc.

City & State
MIAMI, FL.

Zip Country
33166 USA

REINSTATEMENT 04-06

4. Date Incorporated or Qualified
To Do Business in Florida **07/06/1962**

5. FEI Number **590973285**
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
JULIO LLAGUNO

900066555689

Street Address (P.O. Box Number is Not Acceptable)
6427 N.W. 82 AVE.

02/24/06--01015--002 **451.00

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33166

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 **Julio Llaguno**
REGISTERED AGENT MUST SIGN

Date **02/17/2006**

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

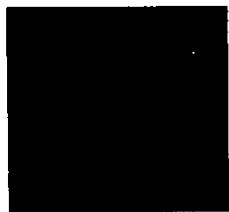
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	YOLANDA B. WELLS	9747 N.W. 29 ST.	MIAMI, FL. 33166
SD	WILLIAM D. WELLS	9747 N.W. 29 ST.	MIAMI, FL. 33166
VPD	JULIO LLAGUNO	1134 S.W. 102 PL.	MIAMI, FL. 33174

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 contained in Chapter 119, 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

02/17/2006 305-592-3298
Date Daytime Phone #

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**EAST
COAST
PAINTERS
INC.**

"Professional Painting Pays"

6427 N.W. 82nd. Avenue Miami, Florida 33166
Phone: (305) 592-3298 Fax: (305) 592-0886
Electronic Mail: East_Coast_Paint@msn.com
CC No. 0001027 "Since 1926"

February 17, 2006

DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: REINSTATEMENT

Gentlemen:

We are notified that our corporation has been declared "inactive" since the annual report for 2004 was not submitted.

Enclosed find copy of our 2003 annual report form submitted on January 20, 2003 and where we show the change of address.

Since that date we have not received any annual reports.

Please consider our re-instatement and we are enclosing the amount of \$450.00 for such fees as stated on your format as follows:

Annual Report Fee:	\$61.25 x 3 years :	\$183.75
Corporate Supplemental Fee	\$88.75 x 3 years :	\$266.25
Total amount enclosed:		\$450.00

Thank you for your attention to these matters,

Truly Yours,


Julio Llaguno, Resident Agent
EAST COAST PAINTERS, INC.

P.S. Please Update your records to reflect our current address:
6427 N.W. 82nd. Avenue,
Miami, Florida 33166