

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 260625

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: EAST COAST PAINTERS, INC.

## Current Principal Place of Business:

6427 NW82 AVE.  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

7914 NW 64TH ST  
MIAMI, FL 33166

## New Mailing Address:

6427 NW 82 AVE.  
MIAMI, FL 33166 US

FEI Number: 59-0973285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELLS, WILLIAM J  
6427 NW 82ND. AVE.  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

WELLS, WILLIAM J PD  
6427 NW 82 AVE.  
MIAMI, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM J. WELLS

01/21/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WELLS, YOLANDA B.  
Address: 9747 N.W. 29TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: SD ( ) Delete  
Name: WELLS, WILLIAM D.  
Address: 9747 N.W. 29TH STREET  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WELLS, WILLIAM J PD  
Address: 6427 NW 82 AVE  
City-St-Zip: MIAMI, FL 33166 US

Title: VP (X) Change ( ) Addition  
Name: WELLS, WILLIAM D VP  
Address: 9747 NW 29 ST  
City-St-Zip: MIAMI, FL 33172 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. WELLS

PD

01/21/2008

Electronic Signature of Signing Officer or Director

Date