

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 14 PM 4:20

DOCUMENT # P00000023600

1. Corporation Name

EASTERN WATERPROOFING & RESTORATION CO., INC.

Principal Place of Business

Mailing Address

350 COMMUNIPAW AVENUE  
JERSEY CITY FL 07304

350 COMMUNIPAW AVENUE  
JERSEY CITY-FL 07304



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

03/01/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Zip

Country

Zip

Country

22-3748793

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	Samuel Colacurcio III	9 Holderath Road	W. Caldwell NJ 07006
V-P	Francis Colacurcio	65 Hubberton Road	Wayne NJ 07470
V-P	Scott Mac Dowell	34 Pembroke Terrace	Upper Saddle River NJ 07458
			300004703523--0 -12/04/01--01024--023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COHAN, LISA  
790 STANTON DRIVE  
WESTON FL 33327

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

Lisa C. Cohan

REGISTERED AGENT MUST SIGN

Date

10-29-01

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/01 201 434-4348