PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

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

FILED
01 OCT 29 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P00000089789

1. Corporation Name

D. W. COAST TO COAST CONTRACTORS, INC

2. Principal Office Address	**3.** Mailing Office Address
15332 W. BEDFORD CIR	P.O. BOX 17536
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER FL	City & State: CLEARWATER FL
Zip: 33546 Country: USA	Zip: 33762 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 59-3672380 ☐ 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: EICHER, FRAN

Street Address (P.O. Box Number is Not Acceptable): 15332 W. BEDFORD CIRCLE

Suite, Apt. #, Etc.:

City: CLEARWATER State: FL Zip Code: 33546

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E031 (9/00)

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
DP	EICHER, FRAN	15332 W. BEDFORD CIRCLE	CLEARWATER FL 33546
DV	EICHER, DEBBIE	15332 W. BEDFORD CIRCLE	CLEARWATER FL 33546
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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: Fran Eicher 10-17-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attn: Corporation Reinstatement
Department of State
Div. of Corporations
409 East Gaines St.
Tallahasee, Fla
32399

10-17-01

Dear Sir,

I did not receive a paper for renewal of name. Did not find out name was not registered until bid on a job. Called your office and girl said to write letter and send check for a $150.00 and will be reinstated.

Please send any future letters to:

D.W. Coast to Coast Contractors, Inc.
P.O. 17536
Clearwater, Fla.
33762-0536

as have had trouble receiving mail at street address.

Thank you
Joan Ecker