

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

~~APPLICATION FOR REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 29 AM 11:25

DOCUMENT # P00000105403

1. Corporation Name

COAST TO COAST TEXTURE SYSTEMS INC.

2001
LBR

Principal Place of Business

Mailing Address

5106 TIMBERRIDGE TRAIL
OCOE FL 34761

5106 TIMBERRIDGE TRAIL
OCOE FL 34761



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

11/08/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3681215

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	BELKAP, LEROY	5106 TIMBERRIDGE TRAIL	ORLANDO FL 32818

700004725557--8
-12/14/01--01004--003
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BELKAP, LEROY
5106 TIMBERRIDGE TRAIL
ORLANDO FL 32818

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

Leroy E. Belkap

Date 11-25-01

REGISTERED AGENT MUST SIGN

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:

Leroy E. Belkap Leroy E. BELKAP (President) 11-25-01 (407)-293-1159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20f2

Department of State: (Division of corporations)

Please except this check for reinstatement of corporation, We did not receive our annual renewal due to our address being annexed into Ocoee. We advised everybody of the changes but mail still gets mixed up. We did not know our corporation was inactive until we tried to renew our workers comp. We spoke to someone in your office who said to write a letter explaining and enclose our check for \$150.00 . That you would except that.

Thank you for your cooperation,

Jersey E Bell
(President)