

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -1 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000026906

1. Corporation Name

EAST COAST DRYWALL TEXTURES, Inc.

2. Principal Office Address

4226 SW JARMER RD.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

Zip

34953

Country

3. Mailing Office Address

4226 SW JARMER RD.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

Zip

34953

Country

USA

REINSTATEMENT 2003

**4. Date Incorporated or Qualified
To Do Business in Florida**

03-05-2002

5. FEI Number

01-0625399

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

Rickey L. FARRAR, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

1595 SE PORT ST. LUCIE BLVD.

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34952

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

REGISTERED AGENT MUST SIGN

Date

11-24-03

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
P/D	DEBORAH ANZALONE	100 NORTHWOOD BLVD.	CENTRAL ISLIP, NY 11722
VP/D	WILLIAM D. PELLIGRINO	4226 SW JARMER RD.	PORT ST. LUCIE, FL 34953

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-24-03

Daytime Phone #

CR2E081 (10/02)

202

RICKEY L. FARRELL ATTORNEY AT LAW, P.A.

1595 S.E. Port St. Lucie Boulevard

Port St. Lucie, Florida 34952

772-335-5455

772-337-3485 Fax

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

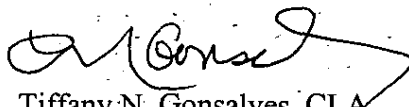
Re: East Coast Drywall Textures, Inc.

Dear Processor:

Enclosed herewith please find a Reinstatement form and filing fee for the above-referenced corporation. Please waive the reinstatement fee. They did not receive their annual report this year.

Should you have any questions, please advise.

Sincerely,



Tiffany N. Gonsalves, CLA
Certified Legal Assistant

Enc.
