

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000090235

1. Corporation Name

OFF THE WALL TEXTURING, INC.

Principal Place of Business

7472 CASS CIR
SARASOTA FL 34231

Mailing Address

7472 CASS CIR
SARASOTA FL 34231

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2002

5. FEI Number

010740881

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	TORNATORE, KELLY A	7472 CASS CIR	SARASOTA FL 34231
Sec	Ronald Soucy	5771 NEW YORK AVE	SARASOTA, FL 34231
VP	Ruben Caceres	625 5772 61st Ave East #B	Bradenton, FL 34203

300025267309
12/08/03--01010--004 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name Kelly A. Tornatore
Street Address (P.O. Box Number is Not Acceptable)
7472 Cass Circle
Suite, Apt. #, Etc.
City Sarasota
State FL
Zip Code 34231

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. or 617.0505, F.S.

Signature of
Registered Agent

Kelly A. Tornatore
REGISTERED AGENT MUST SIGN

Date

10/21/03

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:

Kelly A. Tornatore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/03

Daytime Phone #

941-923-2395

CR2E040 (7/03)

Off the Wall Texturing, Inc.

7472 Cass Circle

Sarasota, FL 34231

941-923-2395

October 17, 2003

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: Application for Reinstatement

To Whom It May Concern:

The above company was established approximately one ago and I was not aware that I had to file an application every year. I did not receive anything in the mail regarding this situation until earlier this month. The recent application was sent to 726

Sherrill Road, Sherrill, NY. My permanent address is the address above.

Enclosed is my application and the \$150.00 fee.

Thank you in advance for your assistance in this matter.

Sincerely,

Kelly A. Tornatore

Kelly A. Tornatore