

**APPLICATION
FOR
REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED
04 JUL 19 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099505
1. Corporation Name
Professional Textures and Coatings, Inc.

Principal Place of Business Mailing Address
BK

2. Principal Place of Business 2a. Mailing Address
21 6712 46th Ave. West 26 6712 46th Ave. West
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Apt. A 27 Apt. A
City & State City & State
23 Bradenton FL 28 Bradenton FL
Zip County Zip County
24 34210 25 29 34210 30

3. Date Incorporated or Qualified 3a. Date of Last Report
9/13/2002
4. FEI Number Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
REINSTATEMENT 2003-2004

10. Name and Address of New Registered Agent
81 Name
Corporate Creations Network Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
941 Fourth Street
83
84 City Miami Beach FL 85 Zip Code 33139

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Dawn S. Stout, Assistant Secretary
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. <input type="checkbox"/> DELETE Everett Hodapp 6712 46th Ave. West Bradenton, FL 34210	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200039388162 07/21/04--01075--003 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1, 2, or 3, or on attachment with an address.
SIGNATURE **Everett Hodapp, President** 6/10/04 941-809-7680
Signature and typed or printed name of signing officer or director Date

P02000099505

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

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Re: Professional Textures and Coatings, Inc.

BK

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$300 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003, 2004

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 

by D. Stout as attorney-in-fact

Name: Everett Hodapp

Title: President

Date: 7/16/04