FILED

04 FEB 18 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000113014

1. Corporation Name

EMERALD Coast Plastering INC.

REINSTATEMENT 03-04

700029019687
02/18/04--01034--008 **308.75

2. Principal Office Address	3. Mailing Office Address
4930 Sand Pond RD	SAME
State, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chipley FL	City & State
Zip: 32428 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/02

5. FEI Number: 27-0033324 ☐ 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: William T Pierson (Billy)

Street Address (P.O. Box Number is Not Acceptable): 11331 Lafayette Lane

Suite, Apt. #, Etc.

City: Naples State: FL Zip Code: 34114

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Billy P — REGISTERED AGENT MUST SIGN — Date: 2/10/04

CR2E081 (01/04)

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
Pres	William T Pierson	11331 Lafayette Ln	Naples FL 34114
V Pres	Charles L Pierson	4930 Sand Pond RD	Chipley FL 32428
Sec	Kim Stoltzfus	4930 Sand Pond RD	Chipley FL 32428
T	Chaz Pierson	4930 Sand Pond RD	Chipley FL 32428

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: Billy P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State,

I William Pierson did not receive Annual filing papers for Emerald Coast Plastering, Inc. I would like to reinstate this company.