

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 NOV -7 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000026070

1. Corporation Name
EMERALD COAST METAL FRAMING INC

100137737661
11/07/08--01016--019 **450.00 KS

2. Principal Office Address - No P.O. Box #

3288 JW HOLLINGTON RD

Suite, Apt. #, etc.

City & State

FREEPORT FL

Zip

Country

32439-3302

USA

3. Mailing Office Address

3288 JW HOLLINGTON RD

Suite, Apt. #, etc.

City & State

FREEPORT FL

Zip

Country

32439-3302

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/05/2003

5. FEI Number

41-2082652

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

NICHOLAS R. FANELLA

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

434 TANGLEWOOD DRIVE

Suite, Apt. #, Etc.

City

FORT WALTON BEACH FL

State

FL

Zip Code

32547

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Nicholas R. Fanelle

REGISTERED AGENT MUST SIGN

Date 11/04/2008

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
PS	ROGER D. TURNER	3288 JW HOLLINGTON RD	FREEPORT FL 32439

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 contained in Chapter 119, 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:

Roger D Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/2008

Date

850-685-2797

Daytime Phone #