

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000087264

**FILED  
Oct 07, 2004  
Secretary of State**

**Entity Name:** EMERALD COAST REPAIR AMERICA, INC.

**Current Principal Place of Business:**

1827 ABERCROMBIE RD.  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

1827 ABERCROMBIE RD.  
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number:** 45-0521958      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARTMAN, KIMBERLY M  
1827 ABERCROMBIE RD.  
GULF BREEZE, FL 32563      US

**Name and Address of New Registered Agent:**

HARTMAN, WILLIAM B  
1827 ABERCROMBIE RD.  
GULF BREEZE, FL 32563      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM B HARTMAN      10/07/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HARTMAN, WILLIAM B  
Address: 1827 ABERCROMBIE RD.  
City-St-Zip: GULF BREEZE, FL 32563

Title: S      ( ) Delete  
Name: HARTMAN, KIMBERLY M  
Address: 1827 ABERCROMBIE RD.  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM B HARTMAN      PD      10/07/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date