

## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000110539  1. Entity Name EAST COAST OF FLORIDA PAINTING, CORP.			FILED 08 JUL 25 PM 1: 20
Principal Place of Business 26 • • NW 29 AVENUE MIAMI, FL 33142	₩ 29 AVENUE 26: <b>/ G</b> NW 29 AVENUE		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business - No P.O. Box #     Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		07232008 3 ENR EVER2E088 1/07-08
City & State	City & State		4. FEI Number Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  GARCIA, SANTOS E  26 16 NW 29 AVENUE  MIAMI, FL 33142		Name	7. Name and Address of New Registered Agent
		Street Address	s (P.O. Box Number is Not Acceptable)
$\mathcal{M}$		City	FL Zip Code
8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered legs.			
SIGNATURE Signature, type or print of future of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
70			
10. OFFICERS	L AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD  NAME GARCIA, SANTOS E  STREEI ADDRESS 261 & NW 29 AVENUE  CITY-S1-ZIP MIAMI, FL 33142	□ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200133812622 07/31/0801016018 **300.08
TITLE NAME STIFEET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition
INTE NAME STREET ADDRESS CHY-ST-ZIP	☐ Delete	TITLE NAME STREEF ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with his lying does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental apont 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 frustre expower of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.			
SIGNATURE:  SIGNAT PREAST SECURITY BUTTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date			

2007

## EAST COAST OF FLORIDA PAINTING, CORP. 2616 NW. 29 AVE., MIAMI, FL 33142 DOC. No. P06000110539

July 21st., 2008

Department of State, Division of Corporations, Corporate Filings, P.O. Box 6327, Tallahassee, FI 32134

## To Whom It May Concern:

I am writing this letter to inform that I never received any correspondence from your offices regarding the annual filing fee. Unfortunately we most have overlooked it. We apologize for any inconvenience caused. Enclose you will find a money order for the amount of \$ 300.00, covering all previous filing fees.

The correct address is 2616 NW. 29 Ave., Miami, FI 33142, not 2624 NW. 29 Ave., like appear in original document. Please make corrections.

Please feel free to contact us with any further question

/1

Respectfull

NW YW