

APPLICATION
FOR
REINSTATEMENT



FILED

99 DEC 21 AM 11:21

DOCUMENT # V13220

1. Corporation Name

FREE COAST PAINTING CONTRACTORS, INC.

Principal Place of Business

Mailing Address

1769 BLOUNT RD
111
POMPANO BEACH FL 33069
US

1769 BLOUNT RD
BAY 111
POMPANO BEACH FL 33069
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/10/1992

5. FEI Number

Applied For

65-031777

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VPT	KEKEMPANOS, DEMETRIOS	1417 AVON LANE #202 6710 NW 20 ST	NO LAUDERDALE FL 33068 MARGATE, FL 33063
P	KEKEMPANOS, TERRIS	6710 NW 20 ST.	MARGATE FL 33063
			300003082503--!
			-12/29/99--01011--011 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEKEMPANOS, DEMETRIOS
1417 AVON LANE
202
N LAUDERDALE FL 33068

Name
DEMETRIOS KEKEMPANOS
Street Address (P.O. Box Number is Not Acceptable)
6710 NW 205 STREET
Suite, Apt. #, Etc.
City
MARGATE
State
FL
Zip Code
33063

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

the registered agent of the above named corporation, am familiar with and accept the

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-17-99

11. 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:

SIGNATURE REQUIRE
DEMETRIOS KESEMDANS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #