

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 JAN -2 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V41002

1. Corporation Name

COAST TO COAST DIMMING & CONTROLS, INC.

Principal Place of Business

2430 ESTANCIA BLVD.
S-102
CLEARWATER FL 34621

Mailing Address

2430 ESTANCIA BLVD.
S-102
CLEARWATER FL 34621

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3128166

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	MURPHY, JOSEPH E	2430 ESTANCIA BLVD.#102	CLEARWATER FL 34621
ST	MURPHY, ELIZABETH S	2430 ESTANCIA BLVD. #102	CLEARWATER FL 34621

000002049600--6
-01/08/97--01002--011
****383.75 ****383.75

JB1-3-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURPHY, ELIZABETH
2430 ESTANCIA BLVD.
SUITE 102
CLEARWATER FL 34621

Name

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

Suite, Apt. #, Etc.

City

State
FL Zip Code

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

Elizabeth S. Murphy
REGISTERED AGENT MUST SIGN

Date 12/22/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Elizabeth S. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/96 813-791-6446
Date Daytime Phone #

CR2E040 (7/96)