

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 30 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G19194

1. Corporation Name
EASTERN IMPORTS, INC

Principal Place of Business Mailing Address

562 Edgewood Ave S.
Jacksonville, FL 32205

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

REINSTATEMENT

99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
15 NORTHERN DANCER DR

4. Date Incorporated or Qualified To Do Business in Florida
1-11-83

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-2302057

Applied For
Not Applicable

City & State

City & State
OCALA FL

Zip

Country

Zip
34482

Country
MARION

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	CURTIS B. KALLAM	15 NORTHERN DANCER DR	OCALA, FL 34482
VP	C. BRYAN KALLAM	4250 STRIKER PLACE	MIDDLEBURG, FL 32068
Sec/Tre	CAROL B. KALLAM	15 NORTHERN DANCER DR	OCALA, FL 34482
			600003095326-3 -01/12/00--01002--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name CURTIS B. KALLAM
Street Address (P.O. Box Number is Not Acceptable)
15 NORTHERN DANCER DR.
Suite, Apt. #, Etc.
City OCALA FL State FL Zip Code 34482

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 Curtis B Kallam
REGISTERED AGENT MUST SIGN

Date 12/29/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 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 taxes 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: Curtis B Kallam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/29/99 Daytime Phone # 352-237-6773