PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01/02

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

02 MAR 19 AM 8:51

Original

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DOCUMENT # P00000015119

1. Corporation Name
ASTRO EVENTS OF THE EAST COAST, INC.

2. Principal Office Address	3. Mailing Office Address
2880 N. WICKHAM RD	210 PRICE COURT
Suite, Apt. #, etc. #1016	Suite, Apt. #, etc.
City & State MELBOURNE, FL.	City & State SATELLITE BCH.
Zip / Country 32935 / BREVARD	Zip / Country 32937 / BREVARD

4. Date Incorporated or Qualified To Do Business in Florida 2-7

5. FEI Number (Have received) — X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DEVIN COX

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

Suite, Apt. #, Etc.
SATELLITE BEACH, FL. 32935

City | State: FL | Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Devin Cox
REGISTERED AGENT MUST SIGN

Date 12-13-01

CR2E081 (9/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
(PRESIDENT) - (DIRECT)	DEVIN COX	210 PRICE COURT SATELLITE BCH, FL.	32937
VICE PRESIDENT			

10. 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: DEVIN COX Devin Cox 12-13-01 321-777-5976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #