

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 DEC 15 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 167052

1. Corporation Name

EAST COAST REALTY CORPORATION

2. Principal Office Address c/o M. Axman  
2525 Ponce De Leon Blvd.

Suite, Apt. #, etc.  
Suite 400

City & State  
Coral Gables, FL

Zip 33134

Country USA

3. Mailing Office Address c/o M. Axman  
2525 Ponce De Leon Blvd.

Suite, Apt. #, etc.  
Suite 400

City & State  
Coral Gables FL

Zip 33134

Country USA

REINSTATEMENT 4-05

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number 590727909

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

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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

*Deborah D. Skipper*

Deborah D. Skipper  
Asst. V. Pres.

Date December 15, 2005

REGISTERED AGENT MUST SIGN

**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
PSTD	MARJORIE LAWRENCE	8296 Dundee Terrace	Miami Lakes, FL 33016

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 *Marjorie Lawrence* Marjorie Lawrence President 12/15/2005 (305) 460-1228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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