

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 25 PM 3:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 454341

1. Corporation Name

E-Z LIVIN Inc.

700010136097
01/15/03--01076--012 **900.00

REINSTATEMENT 02-03

2. Principal Office Address

2975-57th St.

Suite, Apt. #, etc.

3. Mailing Office Address

2975-57th St.

Suite, Apt. #, etc.

City & State

Sarasota

City & State

FL

Zip

34243

Country

Sarasota

Zip

34243

Country

Sarasota

**4. Date Incorporated or Qualified
To Do Business in Florida**

1974

5. FEI Number

59-1534483

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

Bill Short

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

2975-57th St

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code

34243

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**

Bill Short

REGISTERED AGENT MUST SIGN

Date

1-5-03

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 William R Short

2975-57th St.

Sarasota, FL 34243

Sec. Ken Short

2847 N. Lockwood
Meadow St.

Sarasota FL
34234

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:

William R Short Pres. William R Short

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/03

Daytime Phone #

941-3558356

CR2E081 (9/01)