

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**F95000003967**  
REINSTATEMENT  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003967**

1. Name of Corporation  
**EAST COAST CREDENTIALING  
INC.**

2. Principal Office Address  
**201 S. RIDGEWOOD AVE #10,  
EDGEWATER,  
FL 32132**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT -4 AM 11:09

200003011622--0  
-10/11/99--01063--006  
\*\*\*1093.75 \*\*\*1058.75

3. Date of Incorporation or Qualification to Do Business in Florida  
**NOV 1995**

4. Date of Incorporation or Qualification to Do Business in Florida

5. FET Number

6. City & State

7. Country

3. New Mailing Office Address, If Applicable

Suite, Apt #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FET Number

**59-3314843**

6. CERTIFICATE OF STATUS DESIRED ☒

Applied For  
Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name of Officers and/or Directors

P JOHN C. COOPER

V JOSEPHINE COOPER

3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)

6 LAZY EIGHT DR.

6 LAZY EIGHT DR.

4. City / State / Zip

DAYTONA BEACH, FL 32124

DAYTONA BEACH, FL 32124

REINSTATEMENT 99-99 (CUS)

CUS mailed with amendment

LFT 10-11-99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JOHN C. COOPER

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

6 LAZY EIGHT DR.

Suite, Apt #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32124

10. I, the undersigned, being the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.



REGISTERED AGENT MUST SIGN

Date

9/29/99

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, the undersigned, being an officer or director of the above named corporation, further certify that when filing this 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 have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(j), F.S. The information indicated by my signature, name and corporate seal shall have the same legal effect as if made under oath.

SIGNATURE:



JOHN C. COOPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/99

Date

904.426.2226

Daytime Phone #