## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLICAT FOR ISTATEI			Katheri Secretar	TMENT OF STATE ne Harris ry of State corporations		FILE	D	
DOCUMENT # F9600000384						01 DEC -3 PM 4: 14			
1. Corporation Name									
EAST COAST INDUSTRIES, INC.						SECNETARY OF STATE TALLAHASSEE, FLORIDA			
Principal P	Place of Busine	ss	Mailing Addre						
LANHAM MD 20706 LANHAM MD 20706							ii <b>a (6</b> 11 <b>5 6</b> 111) <b>(61</b> 11 <b>66</b> 11 <b>66</b> 11 <b>66</b> 11 <b>66</b> 11 <b>66</b> 11	11	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable						4. Date incorp	orated or Qualified		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #				etc.		01/20/1990		
City & State City & State						52-1438153 Not Applicable			
Zip	Zip Country		Zip	Country		6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
P	MEYER, CAROLE K			9323 4TH ST.			LANHAM MD 20706		
ST	MEYER, JOHN H			9323 4TH ST.			LANHAM MD 20706		
					REIRSTATEM		01 78	£	
				2			2000047173925 -12/10/0101111006 ****750.00 ****750.00		
							**** (50.00	***** (5U.UU	
Name and Address of Current Registered Agent     Name						9. Name and	9. Name and Address of New Registered Agent		
C T COPPORATION SYSTEM						P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Suite, Apt. #. Etc	Suite, Apt. #, Etc.			
7.2.377.11017.7.2.3302.1					City		State	Zip Code	
							[FL]		
10. I, being	g appointed the	e registered agent of the above	re named corpo	ration, am fa	amiliar with and accept the c	obligations of Sect	ion 607.0505, F.S.	}	
Signature of Registered		Judita?	KURE	URS/	QUIRED		Date	01	
this rein	nstatement app by the corporation	officer or director or the receivablication, the reason for dissolon have been paid and the n	ution has been ames of individu	powered to eliminated, t uals listed or	execute this application as the corporate name satisfies this form do not qualify for	the requirements an exemption un	apter 607 or 617, F.SI further c of section 607.0401 or 617.040 der section 119.07(3)(i), F.S. Th	1, F.S., that all fees	
on this	application is ti	rue and accurate, and my sig	nature shall hav	e the same	legar effect as if made unde	r oath.		301-	
SIGNATURE: SUCCESSION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  30 7-  1/ 30 0 577-5915  Date Daylime Phone #									