

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -9 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G02940

1. Corporation Name

EASTMONT CORP.

REINSTATEMENT 92-04

700026603417

01/09/04--01038--019 **2558.75

2. Principal Office Address

12995 S. Cleveland Ave

3. Mailing Office Address

12995 S. Cleveland Ave

Suite, Apt. #, etc.

Suite 285

Suite, Apt. #, etc.

Suite 285

City & State

Ft. Myers

City & State

Ft. Myers

Zip

33907

Country

Lee

Zip

33907

Country

Lee

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1982

5. FEI Number

592424147

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

Robert M. Moore

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

12995 S. Cleveland Ave

Suite, Apt. #, Etc.

Suite 285

City

Ft. Myers

State

FL

Zip Code

33907

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

Robert M. Moore

REGISTERED AGENT MUST SIGN

Date

1/6/2004

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
PVPST	Robert M. Moore	12995 S. Cleveland Ave # 285	Ft. Myers FL 33907

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:

Robert M. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04
Date

239-340-6889
Daytime Phone #

CR2E081 (10/02)