

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 JAN 12 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** G70769

**1. Corporation Name**

EAST STUART INVESTMENTS, INC.

**2. Principal Office Address**

837 Martin Luthr King Blvd.

Suite, Apt. #, etc.

City & State

Stuart, Floirda 34994

Zip

34994

Country

U.S.A.

**3. Mailing Office Address**

P.O. Box 1702

Suite, Apt. #, etc.

City & State

Stuart, Florida 34995

Zip

34995

Country

U.S.A.

**REINSTATEMENT** 2000-01

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

11/21/1983

**5. FEI Number**

59-2357496

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **XX**

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Fay A. Scott, Jr.

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

906 E. Lake Street

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

**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

*Fay Scott*

REGISTERED AGENT MUST SIGN

Date 1-10-01

**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
P/D	McHardy, Alvin C.	P.O. Box 357	Port-Salerno, FL 34992
VP/D	Sampson, Willie	720 Bayou Avenue	Stuart, FL 34994
S/T/D	Scott, Fay A., Jr.	906 E. Lake Street	Stuart, FL 34994

**KE**

**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:**

*Alvin C. McHardy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

Date

Daytime Phone #

CR2E081 (9/99)