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Florida Department of State
Division of Corporations
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Email Address: Arne.nelson@cflcc.org

CORPORATION REINSTATEMENT
EAST COAST MANUFACTURING, INC.

Certificate of Status	0
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DPR 1 of 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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DIVISION OF CORPORATIONS
11 FEB 10 PM 3:20

DOCUMENT # H95433

1. Corporation Name
East Coast Manufacturing, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1819 North Semoran Boulevard	1819 North Semoran Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32807 Country: United States	Zip: 32807 Country: United States

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida 05/21/1963

5. FEI Number 59-2645702 ☐ 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

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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	Arne Nelson	1819 North Semoran Boulevard	Orlando, Florida 32807
S	Michelle Tyburski	1819 North Semoran Boulevard	Orlando, Florida 32807
		REINSTATEMENT 07-11	
			B 2/10/11

10. E-mail Address: Arne.nelson@cflcc.org
(To be used for future annual report notification)

11. 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. I further certify, 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: Arnelson Arne Nelson 7 Jan 2011 407 381 0039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Page 2 of 3

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H95433

1. Corporation Name
East Coast Manufacturing, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32807 Country: United States	Zip: 32807 Country: United States

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida 05/21/1963

5. FEI Number: 59-2645702 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Roger Barnes

Street Address (P.O. Box Number is Not Acceptable): 50 East Robinson Street

Suite, Apt. #, Etc.

City: Orlando State: FL Zip Code: 32801

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: Roger Barnes Date: 1/27/2011
REGISTERED AGENT MUST SIGN

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	Arne Nelson	1819 North Semoran Boulevard	Orlando, Florida 32807
S	Michelle Tyburski	1819 North Semoran Boulevard	Orlando, Florida 32807

10. E-mail Address: _____
(To be used for future annual report notification)

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #