

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W 05000024187

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AND  
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05 JUN -3 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J 77250

1. Corporation Name

EASTERN CREDIT RESEARCH  
RESEARCH

2. Principal Office Address

4301 N OCEAN BLVD

Suite, Apt. #, etc.

A 502

City & State

BOCA RATON FL

Zip

33431

Country

PALM BEACH

3. Mailing Office Address

4301 N OCEAN

SAME BLVD

Suite, Apt. #, etc.

A 502

City & State

BOCA RATON FL

Zip

33431

Country

PALM BEACH

100054736721  
05/18/05--01034--009 \*\*8.75

200054736552  
05/18/05--01034--008 \*\*1800.00

4. Date Incorporated or Qualified  
To Do Business in Florida

6/9/87

5. FEI Number

592842533

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

ALLAN NIEMOTKA

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

4301 N OCEAN BLVD

Suite, Apt. #, Etc.

APT A502

City

BOCA RATON

State

FL

Zip Code

33431

REINSTATEMENT

07/05

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

*Allan Niemotka*  
REGISTERED AGENT MUST SIGN

Date 5/16/05

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/O	ALLAN NIEMOTKA	4301 N OCEAN BLVD	BOCA RATON, FL 33431
S/O	LISA NIEMOTKA	4301 N OCEAN BLVD	BOCA RATON FL 33431

400056148014  
06/14/05--01030--009 \*\*141.25

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:

*Allan Niemotka* ALLAN NIEMOTKA

5/16/05

5612436002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)