

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # J84554

1 Corporation Name

EAST COAST ESTATE DEVELOPMENT CORP.

FILED

96 DEC 19 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address Principal Place of Business  
~~22272 Hollyhock Trail~~ ~~22272 Hollyhock Trail~~  
~~Boca Raton, FL 33433~~ ~~Boca Raton, FL 33433~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2 New Mailing Address, If Applicable  
c/o Dominick Tozzo  
Suite, Apt. #, etc.  
318 Bloomfield Ave.  
City & State  
Bloomfield, NJ  
Zip 07003 Country USA

3 New Principal Office Address, If Applicable  
c/o Dominick Tozzo  
Suite, Apt. #, etc.  
318 Bloomfield Ave.  
City & State  
Bloomfield, NJ  
Zip 07003 Country USA

4 Date Incorporated or Qualified To Do Business in Florida  
July 28, 1987  
5 FEI Number  
65-0038897  
Applied For  
Not Applicable  
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CARRERA, SALVATORE	3912 S. OCEAN BLVD. APT. 114 ISLAND BEACH, FL 33487	ISLAND BEACH, FL 33487
VD/T	TOZZO, DOMINICK	318 BLOOMFIELD AVE.	BLOOMFIELD, NJ 07003
SEC	E. GUY KOOMAN	318 BLOOMFIELD AVE.	BLOOMFIELD, NJ 07003

408002039264  
-12/27/96-01054-00000000  
REINSTATEMENT

8. Name and Address of Current Registered Agent

~~CARRERA, SALVATORE~~  
~~22272 Hollyhock Trail~~  
~~Boca Raton, FL 33433~~

9. Name and Address of New Registered Agent

Name SOUTH FLORIDA REGISTERED AGENTS, INC.  
Street Address (P.O. Box Number is Not Acceptable)  
200 SOUTH BISCAYNE BLVD.  
Suite, Apt. #, Etc.  
SUITE 4750  
City MIAMI State FL Zip Code 33131

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/18/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: E. Guy Kooman Secretary Dominick Tozzo Vice President/Treasurer  
12/17/96 (201) 743-7071  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (5/94)