

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -7 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO 30000 55971**

1. Limited Liability Company's Name

EAST Coast Printing + Promotions

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

11320, 7th STE

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Treasure Island, FL

City & State

Zip

33706

Country

USA

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

-2003

6. FEI Number

11-3710508

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jennifer George

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

11320 7th STE

Suite, Apt. #, Etc.

#

City

Treasure Island

State

FL

Zip Code

33706

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **3/1/07**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Jennifer George	as above	
VP	Anthony George	as above	

400092372944
03/18/07--01039--011 **150.00

REINSTATEMENT 05-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

[Signature]

Date **3/1/07**

Daytime Phone # **727-871-6229**

Typed or printed name of signing Managing Member/Manager

East Coast Printing & Promotions

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To whom it may concern,

Regarding the status of my company

We moved from the 7411 Bonaventure Address and never received the request for filing of the Annual Report. That is why it was never completed. Here is our reinstatement form with a check for \$ 150 —

Thank you kindly,

George