

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 22 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M83516

1. Corporation Name

90 EAST, INC.
10176 US 90 EAST
LIVE OAK, FLORIDA 32060

2. Principal Office Address

10176 US 90 EAST
LIVE OAK, FL 32060

Suite, Apt. #, etc.

3. Mailing Office Address

10176 US 90 EAST
LIVE OAK, FL 32060

Suite, Apt. #, etc.

City & State

LIVE OAK, FL

Zip
32060

Country
USA

City & State

LIVE OAK, FL

Zip
32060

Country
USA

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

1988

5. FEI Number

59-2937893

Applied For ☐

Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

Richard Calvitt

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

804 S. Ohio Avenue

Suite, Apt. #, Etc.

City

Live Oak

State
FL

Zip Code
32064

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***1050.00 *** 050.00

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

[Signature]

Date

1/18/02

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
Pres.	Richard Calvitt	804 S. Ohio Ave.	Live Oak, FL 32060
V. Pres. Sec./Tr	Ronald Skinner	10176 US 90 East	Live Oak, FL 32060
			<i>[Signature]</i>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/02

Daytime Phone #

CR2E081 (9/01)