PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APRICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

I ILIIAO IAI EIVIEI	WE WE	DIVISION OF CORPORA
DOCUMENT #	N99000001476	

1. Corporation Name East Lake 2000, Inc.

Principal Place of Business

Mailing Address

8239 Danubian Place

New Port Richey, FL 34655

02 JUL 26 AM 11:03

PENDAGRATERE

If above addresses are incorrect in any v	vay, line through incorrect information an	WEIMS I'VI CIAICIAI O OC				
2. New Principal Office Address, If Applic 3974 Tampa Road		fress, If Applicable	Date Incorporated or Qualified To Do Business in Florida	03/05/199	/1999	
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State	City & State				Not Applicable	
oldsmar, FL 34677	Oldsmar, FL	Country	6	S8.75 Additi	onal Fee required	
Country USA	-F	USA	CERTIFICATE OF STATUS DESIRED	for a Certi	ficate of Status	

7. Names	and Street Addresses of Each Officer and/or Director	or (Florida nonprofit corporations must list at least 3 directo	rs)		
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D	Donn Flynn	4349 Worthington Circle	Palm Harbor, FL 34685		
D	Bryan A. Kutchins	3974 Tampa Rd., Suite A	Oldsmar, FL 34677		
D	Dana Dooley	2225 Toniwood Lane	Palm Harbor, FL 34685		
			2000068250826 -08/01/0201003017		
			ANAMARCI OF AMAMARCI OF		

****** <u>と</u> は、こり ***** <u>と</u> こ	<u> </u>			
9. Name and Address of New Registered Agent				
Name Bryan A. Kutchins				
Street Address (P.O. Box Number is Not Acceptable) 3974 Tampa Road, Suite A				
Suite, Apt. #, Etc. Suite A				
City State Zip Code FL 3467				
_	Name Bryan A. Kutchins Street Address (P.O. Box Number is Not Acceptable) 3974 Tampa Road, Suite A Suite, Apt. # Etc. Suite A City State Zip Code			

0.	I, being appointed the registered agent	of the abor	ve named gorpora	non, an	n familiar with	and accept t	he obligations (of Section 607	.0505, F.
	وسيم	/27		/ -	-				

REGISTERED AGENT MUST SIGN

Date __ 7~/0~07

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No No COA See other side for information on intangible tax.)

08/01/02--01003--018

12. 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 filling 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 of Registered Agent _

7-10-02 917 833 4663