

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 29 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000004855

1. Corporation Name

EAST COAST EXPRESS TRANSPORT INC.

500 s.w. 21 ter.
P.O. BOX 221631

2. Principal Office Address

500 s.w. 21 ter.

3. Mailing Office Address

P.O. BOX 221631

Suite, Apt. #, etc.

B-109

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL.

City & State

HOLLYWOOD, FL.

Zip

33312

Country

USA

Zip

33022-1631

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 1/12/2001

5. FEI Number

65-1095006

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

HAROLD A THOMPSON 111

Street Address (P.O. Box Number is Not Acceptable)
500 S.W. 21 TER.

Suite, Apt. #, Etc.
B-109

City

FORT LAUDERDALE

State
FL

Zip Code
33312

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

Date

11/9/04

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.	HAROLD A. THOMPSON 111	2005 N. 36 AVE	HOLLYWOOD, FL. 33021
V.PRES.	TIMOITHY GERARD DELANEY	23 S.W. 3RD. STREET	DANIA, FL.

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD THOMPSON 11/9/04 954-793-5520

Date

Daytime Phone #

CR2E081 (01/04)