

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG -7 PM 1:59

DOCUMENT # *P01000073667*

1. Corporation Name

EAST COAST ELECTRIC CONSTRUCTION COMPANY, INC.

2. Principal Office Address

4727 SR. LAKE DR.
Suite, Apt. #, etc.

3. Mailing Office Address

4727 SR. LAKE DR.
Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL
Zip
33418

Country

USA

City & State

PALM BEACH GARDENS, FL
Zip
33418

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-26-01

5. FEI Number

65-0279417

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

JOHN W. CARROLL

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

11380 Prosperity Farms Road

Suite, Apt. #, Etc.

Suite # 210-A

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

REGISTERED AGENT MUST SIGN

Date

7/21/2003

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
<i>P.</i> <i>Pres.</i>	<i>DALE L. SIBNEY</i>	<i>4727 SR. LAKE DR.</i>	<i>PALM BEACH GARDENS, FL. 33410</i>
<i>S.</i> <i>Sec.</i>	<i>✓</i>	<i>✓</i>	<i>✓</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:

DALE L. SIBNEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-03

Date

561-718-7521

Daytime Phone #