

Send w/ letter
\$300 w/out penalty
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Michelle Milligan

102

CORPORATION
REINSTATEMENT
02-03

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 25 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100699

1. Corporation Name

East County Associates

DBA: Sweet Berries Frozen Custard

2. Principal Office Address

2881 CLARK Rd.

Suite, Apt. #, etc.

unit 25

City & State

Sarasota, Fla

Zip

34231

Country

Sarasota

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2001

5. FEI Number

59-3759794

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

J. Michael Osmond

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

(Home) 2881 Clark Rd.

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34209

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

J. Michael Osmond, President

Date

7/1/03

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	J. Michael Osmond	1104 92ND ST NW	Bradenton, Fla 34209
Sec	J. M Osmond	4002 23RD Ave. West	Bradenton, Fla 34205
V.P.	Tracy DAY	SAME AS BELOW	(see below)
V.P.	John DAY	12722 Nightshade PL	Bradenton, Fla 34202

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:

J. Michael Osmond / Pres.

Date

7-1-03

Daytime Phone #

798-3690

7/7/03

282

DO NOT REMOVE!

July 6, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom-It-May-Concern:

This letter is to request that you do not assess the penalty associated with our reinstatement application.

The notices that you send annually were not received. We had an unprofessional, sloppy attorney file the corporate papers and it is entirely possible that corporate information was incorrect or illegible.

Enclosed is the amount I was instructed to send along with current and accurate corporate information regarding mailing address and officers.

Thank you.

Sincerely,



J. Michael Osmond
President
East County Associates, Inc.

