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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

03 OCT -2 AMII: 54

SECRETARY OF STATE TALLAHASSEE FLORIDA

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Corporation Name

Eastchester Enterprises, Inc.

2. Principal Office 1850 W. I	Address  McNab Road	3. Mailing Office 1850 W. N	Address McNab Road
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Laude	rdale, FL	City & State Ft. Lauder	dale, FL
<sup>Zip</sup> 33309	Country	<sup>Zip</sup> 33309	Country

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10/09/03--01029--008 \*\*750.00

4.	Date Incorporated or Qualified To Do Business in Florida	11/14/200	)1
5.	FEI Number		Applied For
	75-3114347		Not Applicable

CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name Frank F. Ferola		
Street Address (P.O. Box Number is Not Acceptable) 1850 W. McNab Road		
Suite, Apt. #, Etc.	· · · · · · · · · · · · · · · · · · ·	
Ft. Lauderdale	State FL	Zip Code 33309

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8.	-1.	beina	appointed	1 the	registered as	ent o
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re named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent REDISTERED AGENT MUST SIGN

October 1, 2003

P/D Frank F. Ferola  V/S/T/D Thomas M. D'Ambrosio  D Shouky A. Shaheen	1850 W. McNab Rod 10777 W. Sample Ro	Ft. Lauderdale, FL 33309  ad, Apt. 614 Coral Springs, FL 33065
	o 10777 W. Sample Ro	ad. Apt. 614 Coral Springs El. 33065
Shouky A. Shaheen		Coldi Opinigs, 1 2 00000
	3625 Cumberland Blv	d., Suite 250 Atlanta, GA 30339
D John DePinto	236 River Park Drive	Jupiter, FL 33477

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 acce and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Frank F. Ferola, President SIGNATURE AND THEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/03

(954) 971-0600

Date

Daytime Phone #