

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 of 2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2002  
WBR

DOCUMENT # P01000114166

02 NOV -6 PM 4: 54

1. Corporation Name

THE EAST COAST SETTLEMENT COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400008836584  
11/06/02--01132--001 \*\*158.75

Principal Place of Business

2400 NW 108TH DRIVE  
CORAL SPRINGS FL 33065

Mailing Address

2400 NW 108TH DRIVE  
CORAL SPRINGS FL 33065



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~9741 W. Sample Rd~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9741 W. Sample Road

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/2001

5. FEI Number

01-0565116

Applied For

Not Applicable

City & State  
Coral Springs, FL

Zip  
33065

Country  
USA

City & State  
Coral Springs, FL

Zip  
33065

Country  
USA

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
President	Sharon Kosloff	9741 W. Sample Rd	Coral Springs, FL 33065

8. Name and Address of Current Registered Agent

RICHARD H. HARRIS & ASSOCIATES, P.A.  
4901 N.W. 17TH WAY STE 406  
FT LAUDERDALE FL 33483

9. Name and Address of New Registered Agent

Name

Sharon Kosloff

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

9741 W. Sample Rd

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Sharon Kosloff  
REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

11/4/02

11. 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:

Sharon Kosloff  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/02  
Date

954-345-4500  
Daytime Phone #

CR2040 (8/02)

2012

November 5, 2002

Re: Notice Of Administrative Dissolution or Revocation

To Whom It May Concern:

Pursuant to speaking with Michelle today at your office I've enclosed a check for my reinstatement and the additional fee required for a Certificate of Status.

Please reinstate my corporation, as I never received my previous mailed reports due to our company move.

If there are any additional questions, please don't hesitate to contact me at any time.

Thank you in advance for your anticipated cooperation,

A handwritten signature in cursive script, appearing to read "Sharon Kosloff", followed by a long horizontal flourish.

Sharon Kosloff  
President  
The East Coast Settlement Company