

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 22 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120755

1. Corporation Name

EASTERN TECHNOLOGY ASSOCIATES INC

Principal Place of Business

PO BOX 880462  
BOCA RATON FL 33488

Mailing Address

PO BOX 880462  
BOCA RATON FL 33488



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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

P

FISCHER, BRUCE E

~~21553 CYPRESS HAMMOCK DR 43-D~~

~~BOCA RATON FL 33488~~

19608 Sedgefield Terrace

33498

8. Name and Address of Current Registered Agent

FISCHER, BRUCE  
21553 CYPRESS HAMMOCK DR 43-D  
BOCA RATON FL 33488

9. Name and Address of New Registered Agent

Name

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

19608 Sedgefield Terrace

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33498

CR2E040 (8/02)

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

*BRUCE FISCHER*  
REGISTERED AGENT MUST SIGN

Date

11/1/02

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:

*Bruce Fischer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/02

Daytime Phone #

561-  
558-0103

10/11/02

Florida Dept of State Division of Corporations

To Whom It May Concern:

Please be advised that "Club Corefree  
18 yrs + over Inc is not active  
from May 1st to Oct 1<sup>st</sup>.

This is the reason the enclosed,  
"Uniform Business Report" is being  
filed in October.

Enclosed please find check in the amount  
of \$61.25. Thank you

Virginia Preston Treas-