

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000005290

1. Corporation Name

EAI CONCEPTS, INC.

2. Principal Office Address - No P.O. Box #

245 LINKSIDE CIRCLE

3. Mailing Office Address

PO BOX 25201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

City & State

TAMPA, FL

Zip

32082

Country

USA

Zip

33622

Country

USA

CR2E061 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
01/16/2002

5. FEI Number

11-3515251

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$5.75 (to be paid by filer)
for each copy of status

7. Name and Address of Current Registered Agent

Name

GERALD BEACHT

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

3030 N Rocky Pt Dr W

Suite, Apt. #, Etc.

Ste 265

City

Tampa

State

FL

Zip Code

33607

700249908587
07/18/13--01019--013 **2250.00

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

Gerald Beacht
REGISTERED AGENT MUST SIGN

Date **7/1/13**

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
PT	GERALD BEACHT	952 CYPRESS COVE WAY	TARPON SPRINGS, FL 34688

REINSTATEMENT 03-13

10. E-mail Address: **sdixit@dixitlaw.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Gerald Beacht

7/1/13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #