

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000074823**

1. Corporation Name

EAST COAST VOICE AND DATA SYSTEMS, INC.

Principal Place of Business

Mailing Address

17536 SE CONCHBAR AVE
TEQUESTA FL 33469

17536 SE CONCHBAR AVE
TEQUESTA FL 33469



UBR 03

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

07/08/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

P.O. Box 1081
Hobe Sound Florida

Zip

Country

Zip

Country

33469

U.S.

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Michael Prinz	102 G Lighthouse Circle	Tequesta, FL 33469

300023751183

10/13/03--01070--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRINZ, MICHAEL
17536 SE CONCHBAR AVE
TEQUESTA FL 33469

Name

Michael Prinz

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

102 G Lighthouse Circle

Suite, Apt. #, Etc.

City

Tequesta

State

FL

Zip Code

33469

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

Date

REGISTERED AGENT MUST SIGN

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:

Michael Prinz
Michael Prinz

Date

10-7-03

Daytime Phone #

561-743-3554

CR2E040 (7/03)

2012

EAST COAST

Voice & Data Systems, Inc.

October 8, 2003

Division of Corporations

Annual Report/ Reinstatement Section

P.O. Box 6327

Callahassee, FL 32314-6327

To Whom it may concern,

I have not received the two prior uniform business report notices.
I have attached the Re-instatement form you sent me with the application fee.
If there are any questions and you need to get a hold of me you can call me at 561-743-3554, or fax me at 561-743-3559, or email me at mprinzsr@aol.com, or my cell 954-410-8927. Thank you.

Sincerely,
Michael Prinz
President
East Coast Voice And Data Systems, Inc.