

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000116294

1. Corporation Name

East Coast Professional Services, INC

JK

REINSTATEMENT 03-04

2. Principal Office Address

880 NW 13 St

3. Mailing Office Address

880 NW 13 St

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

BOCA RATON FL

City & State

Boca Raton FL

Zip

33486

Country

US

Zip

33486

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10.29.02

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dana Bokofsky

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

880 NW 13 St

100035558011
05/06/04--01022--011 **900 00

Suite, Apt. #, Etc.

101

City

Boca Raton

State

FL

Zip Code

33486

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

Dana Bokofsky

Date 4.29.04

REGISTERED AGENT MUST SIGN

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
<u>PRES</u>	<u>LEE EFFENSON</u>	<u>880 NW 13 St #101</u>	<u>Boca Raton FL 33486</u>

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

SIGNATURE:

Lee Effenson Pres. 4-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-289-9586

CPRE081 (01/04)