

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 16 AM 8:30

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000037052

1. Corporation Name

East Coast Office Installation
dba Soncast Office Systems
W06-45435

2. Principal Office Address

5469 RIVER FOREST DR. 5469 RIVER FOREST DR

Suite, Apt. #, etc.

Jacksonville FL

City & State

3. Mailing Office Address

5469 RIVER FOREST DR

Suite, Apt. #, etc.

Jacksonville, FL

City & State

Zip

32211

Country

USA

Zip

32211

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 04

5. FEI Number

06-1683474

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TOBY LANTZ

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

5469 RIVER FOREST DR

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32211

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/06/06

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
Pres	TOBY LANTZ	5469 RIVER FOREST DR	Jacksonville, FL 32211

000081154950
10/24/06-01045-021 **300.00

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 contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOBY LANTZ

Date

10/06/06

Daytime Phone #

904 745 6363

10/04/06

To whom it may concern,

I did not receive correspondence saying I needed to pay corporate tax for '05. My business address is

5469 RIVER FOREST DR
JACKSONVILLE, FL. 32211

I spoke with one of your representatives and they told me how to download the renewal form. She told me to fill it out and include a check for \$300.00

Thank you very much and I hope this has not caused too much of a problem.

PO3000037052
W06000045935

Sincerely,

Toby Lantz

President

East Coast Office Installation