

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000069492

1. Entity Name  
EAST COAST P.I., INC.



FILED

2005 NOV -7 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4783 JUSTICE LANE  
LAKE WALES, FL 33898

Mailing Address  
2029 SR 60 EAST  
# 183  
LAKE WALES, FL 33898



2. Principal Place of Business

866 SAINT ANNE SHRINE  
Suite, Apt. #, etc.

3. Mailing Address

866 SAINT ANNE SHRINE  
Suite, Apt. #, etc.

City & State

LAKE WALES FL 33898

City & State

LAKE WALES FL 33898

Zip

33898

Country

POLK

Zip

33898

Country

POLK

10202005

REIN-P

CR2E098 (6/04)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRICK, PERRY  
4783 JUSTICE LANE  
LAKE WALES, FL 33898

7. Name and Address of New Registered Agent

Name

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

866 SAINT ANNE SHRINE RD.

City

LAKE WALES

FL

Zip Code

33898

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

NOV 2, 05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME HENDRICK, PERRY  
STREET ADDRESS 4783 JUSTICE LANE  
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE V ☐ Delete  
NAME HENDRICK, FLORENCE  
STREET ADDRESS 4783 JUSTICE LANE  
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 866 SAINT ANNE SHRINE RD.  
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 866 SAINT ANNE SHRINE RD.  
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE ☐ Change ☐ Addition  
NAME 700061218867  
STREET ADDRESS 11/02/05--01060--007 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/05

Date

863-6967680

Daytime Phone #