

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000045638

1. Entity Name
R & S EAST COAST INVESTMENT, INC.



FILED

08 OCT 30 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2602 LOIS LANE
JACKSONVILLE BEACH, FL 32250

Mailing Address
2602 LOIS LANE
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

10272008 REIN-P CR2E098 (1/07)

4. FEI Number
20-0858582

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, BRADRICK L
2602 LOIS LANE
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, 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 FRAZIER, BRADRICK L
STREET ADDRESS 2602 LOIS LANE
CITY - ST - ZIP JACKSONVILLE BEACH, FL 32250

TITLE VP ☐ Delete
NAME DAVIS, GREGORY S
STREET ADDRESS 3088 MYSTIC FALLS DRIVE
CITY - ST - ZIP JACKSONVILLE, FL 32224

TITLE TR ☐ Delete
NAME FRAZIER, RICKY L
STREET ADDRESS 2602 LOIS LANE
CITY - ST - ZIP JACKSONVILLE BEACH, FL 32250

TITLE SEC ☐ Delete
NAME SAUSVILLE, JAMIE
STREET ADDRESS 12868 WINTHROP COVE DRIVE
CITY - ST - ZIP JACKSONVILLE, FL 32224

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 800137484238
CITY - ST - ZIP 10/30/08--01035--003 **150.00

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

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 exemptions contained in Chapter 119, 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

BRADRICK L FRAZIER

Date

Daytime Phone #

10/27/08

10/27/08