

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 NOV 20 AM 9:02

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

East Coast Sealing Inc.

Document # P04000152986  
~~W07-55725~~

2. Principal Office Address - No P.O. Box #

15279 NW 7th ST

Suite, Apt. #, etc.

3. Mailing Office Address

Same Address

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33028 U.S.A

Zip

33028 U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

Mar, 14, 2005

5. FEI Number

20-1886326

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ National Fee required  
☐ Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Ivette Bustamante

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

15279 NW 7th ST

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/05/2007

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
President	Ivette Bustamante	15279 NW 7th ST Pines FL	33028
V. President	Fabio Campos	15279 NW 7th ST	Pembroke Pines FL, 33028

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

Ivette Bustamante

11/05/2007

(786)4269750

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #