2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000003058

Title:

Name:

Address:

City-St-Zip:

Entity Name: EAST COAST BOBCAT SERVICE INC

() Delete

POMPANO BEACH, FL 33073

QUINTANO, KYLE

5021 NW 76 PLACE

FILED Oct 22, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
109 ROYAL PARK DRIVE #3 H OAKLAND PARK, FL 33309				5021 NW 76TH PLACE POMPANO BEACH, FL 333073			
Current Mailing Address:				New Mailing Address:			
	AL PARK DRIVI D PARK, FL 33				6TH PLACE BEACH, FL	33073	
FEI Number	: 83-0448578	FEI Number Applied For()	FEI Num	nber Not Appl	icable ()	Certificat	e of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
QUINTANO, JAMES 109 ROYAL PARK DRIVE #3 H OAKLAND PARK, FL 33309 US				QUINTANO, JAMES 5021 NW 76TH PLACE POMPANOO BEACH, FL 33073 US			
	e named entity : e of Florida.	submits this statement for the	purpose of	f changing it	ts registered	office or re	gistered agent, or both,
SIGNATURE: JAMES QUINTANO				10/22/2007			
	Electror	nic Signature of Registered Ag	jent				Date
Election Car		3(2)(b), F.S., the corporation did n g Trust Fund Contribution(). TORS:		•		S TO OFFI	CERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P/D () QUINTANO, JA) Delete MES RK DRIVE #3 H		Title: Name: Address: City-St-Zip:		K) Change(AMES H PLACE) Addition
Title: Name: Address: City-St-Zip:	VP/D () QUINTANO, KY 5021 NW 76 PI POMPANO BE/	_ACE		Title: Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	T/D () QUINTANO, PA 6005 KATELAN BOSSIER CITY	ID CIRCLE		Title: Name: Address: City-St-Zip:	() Change() Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KYLE QUINTANO VP/D 10/22/2007

() Change () Addition