

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV 12 AM 11:26

DOCUMENT # **P07000128033**
1. Corporation Name **East coast premier pools**

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

3. Mailing Office Address

Apt. #, etc.

Suite, Apt. #, etc.

Lighthouse Point FL

City & State
Lighthouse Point, FL

Country
us

Zip
33064

Country

100187706271
11/12/10--01053--006 **\$50.00

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida **Jan 2008**

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Daneushe Butler

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

1942 NE 32 ST

Suite, Apt. #, Etc.

City
Lighthouse Point FL

State
FL

Zip Code
33064

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

Date **11-8-10**

REGISTERED AGENT MUST SIGN

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
ceo	Daneushe Butler	1942 NE 32 ST	Lighthouse point FL 33064

REINSTATEMENT

10. E-mail Address: **East coast Premier pools at yahoo.com**
(To be used for future annual report notification)

11. 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. I further certify, 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:

11-8-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #