

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000025640

**FILED**  
**Oct 08, 2012**  
**Secretary of State**

**Entity Name:** EAST COAST COMPUTER SOLUTIONS INC

**Current Principal Place of Business:**

5796 NW CHESBORO TERRACE  
PORT ST LUCIE, FL 34986 US

**New Principal Place of Business:**

718 SW MUNJACK CIRCLE  
PORT ST LUCIE, FL 34986 US

**Current Mailing Address:**

P.O. BOX 12205  
FORT PIERCE, FL 34979 US

**New Mailing Address:**

718 SW MUNJACK CIRCLE  
PORT ST LUCIE, FL 34986 US

**FEI Number:** 26-4554745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAY, KERRIE  
5796 NW CHESBORO TERRACE  
PORT ST LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: KERRIE RAY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RAY, MARK D  
Address: 1299 SW COVERED BRIDGE ROAD  
City-St-Zip: PALM CITY, FL 34990 US

Title: STD  
Name: RAY, KERRIE  
Address: 718 SW MUNJACK CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34986 US

I hereby 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 all other like empowered.

SIGNATURE: KERRIE RAY

STD

10/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date