

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 12 PM 3:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PA4000016783**

1. Corporation Name

EAST COAST AEROSPACE ENGINEERING, INC

Principal Place of Business

Mailing Address

**2601 N. FLAGLER DR.
SUITE 310
WEST PALM BEACH, FL 33407**

W97-26840

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-3-94

5. FEI Number

65-0495392

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

**96-97
AD**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	BILL D. WALL JR	3100 N. CALOUSAHATCHEE AVE. JUPITER, FL 33458	JUPITER, FL 33458
VP	MARK R. CONNELL	1777 S. FEDERAL HWY #C105	BONAPARTE BEACH, FL 33062

**9000002373989--0
-12/16/97--01108--010
****915.00 ****915.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

MARK B. GOLDSTEIN, PA.

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

ONE BOCA PLACE

Suite, Apt. #, Etc.

2255 GLADES ROAD, #236W

City

BOCA RATON

State

Zip Code

FL

33431

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

X

REGISTERED AGENT MUST SIGN

Date **12-09-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILL D. WALL JR

11-4-97

Date

561-835-4999

Daytime Phone #

CS-92040 (12/96)