

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 13, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P94000053444

1. Corporation Name

Eastman Aggregates, Inc.

100005911891--8

-06/21/02--01079--011

****900.00 ****900.00

REINSTATEMENT 01-02

2. Principal Office Address

3705 Bellevue Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 6469

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33461

Country

US

Zip

33466

Country

US

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

7/12/94

5. FEI Number

65-0505560

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

Peter V. DeSanctis, CPA

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

3801 PGA Blvd., Suite 806

Suite, Apt. #, Etc.

Suite 806

City

Palm Beach Gardens, FL

State

FL

Zip Code

33410

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 6/12/02

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
P	Bernard D. Eastman	3705 Bellevue Avenue	Lake Worth, FL 33461
V	Patti A. Thornton	3705 Bellevue Avenue	Lake Worth, FL 33461

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/02
Date

561-969-7147
Daytime Phone #

CR2E001 (9/01)