

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 19 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/25/02--01041--020
***1200.00 ***1200.00

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P95000008982

1. Corporation Name

EAST COAST LINE SIGHTSEEING COMPANY, INC.

P95000008982

2. Principal Office Address

14050 US Highway One

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

Zip

33408

Country

USA

3. Mailing Office Address

14050 US Highway One

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

Zip

33408

Country

USA

REINSTATEMENT 99-02

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

2/2/95

5. FEI Number

65-0553943

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

Albert Shackleton

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

14050 US Highway One

Suite, Apt. #, Etc.

City

North Palm Beach,

State
FL

Zip Code

33408

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

06/14/02

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
PTD	Albert Shackleton	14050 US Highway One	North Palm Beach, FL 33408
VSD	Barbara Shackleton	14050 US Highway One	North Palm Beach, FL 33408
			1050.00-Adm
			61.25 + AR
			88.75-AR Sup

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT SHACKLETON

Date

06/14/02

Daytime Phone #

CR2E061 (8/01)