

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000034689

1. Entity Name
EAST COAST TRANSMISSIONS SPECIALISTS, INC.



Principal Place of Business
900 SW KOONVILLE AVE
LAKE CITY, FL 32024

Mailing Address
PO BOX 294
WELLBORN, FL 32094

FILED
12 FEB 24 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FL 32399



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242012

REIN-P

CR2E098 (12/11)

4. FEI Number
65-0571991

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATKINS, KATHLEEN D
848 SW KOONVILLE AVE
LAKE CITY, FL 32024

7. Name and Address of New Registered Agent

Name Steve Atkins

Street Address (P.O. Box Number is Not Acceptable)
900 SW Koonville Ave

City Lake City

FL

Zip Code 32024

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 2/24/12

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
ATKINS, STEVEN L
848 SW KOONVILLE AVE
LAKE CITY, FL 32024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ATKINS, KATHLEEN
848 SW KOONVILLE AVE
LAKE CITY, FL 32024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
02/24/12--01004--014 **750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700222920837
02/24/12--01004--015 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S. HAWKES ☐ Change ☐ Addition
FEB - 2012

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EXAMINER ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

2/24/12 esas @ atn.net