

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 20 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000058424**

1. Corporation Name

East of Eden, Inc.

IND2000012264

2. Principal Office Address

5716 Georgia Ave

Suite, Apt. #, etc.

3. Mailing Office Address

5716 Georgia Ave

Suite, Apt. #, etc.

City & State

West Palm Bch FL

City & State

West Palm Bch FL

Zip

33405

Country

Palm Bch

Zip

33405

Country

Palm Bch

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0613172

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

Julie Ann Allison

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

265 Edmor Road

Suite, Apt. #, Etc.

City

West Palm Bch

State
FL

Zip Code

33405

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

4/18/02

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
Pres	Julie Ann Allison	265 Edmor Rd	West Palm Bch FL 33405
Secy	Julie Ann Allison	265 Edmor Rd.	West Palm Bch FL 33405

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

[Signature]

Date

4/18/02

Daytime Phone #

685-7821

CR2E081 (9/01)