

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 10 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028865

1. Corporation Name

East Broad Group, Inc.

500008707045
10/30/02--01108--031 **750.00

2. Principal Office Address

2109 EAST PALM AVENUE

3. Mailing Office Address

2109 EAST PALM AVENUE

Suite, Apt. #, etc.

SUITE 206

Suite, Apt. #, etc.

SUITE 206

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33605

Country

USA

Zip

33605

Country

USA

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

03/27/1996

5. FEI Number

59-3373674

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas J. McMullen, Jr.

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

2109 East Palm Avenue

Suite, Apt. #, Etc.

Suite 206

City

Tampa

State

FL

Zip Code

33605

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

Thomas J. McMullen, Jr.

REGISTERED AGENT MUST SIGN

Date

10-08-02

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
D	Thomas J. McMullen, Jr.	2109 East Palm Avenue, Suite 206	Tampa, Florida 33605
PST	Thomas J. McMullen, Jr.	2109 East Palm Avenue, Suite 206	Tampa, Florida 33605

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:

Thomas J. McMullen, Jr.

Thomas J. McMullen, Jr., Pres. 10-08-02 (813) 247-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (8/01)