

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT #

PO7000000316

1. Corporation Name

**EASTCORP, INC.**

(EASTCORP, INC.)

W-27007

2. Principal Office Address

19204 Livingston Ave

Suite, Apt. #, etc.

3. Mailing Office Address

9808 Palm River Rd

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Tampa, FL

Zip

33549

Country

Hillsborough

Zip

33619

Country

Hillsborough

REINSTATEMENT 99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

July 8, 1997

5. FEI Number

59-3466860

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

Thomas F. English

200003497252-9

-12/12/00-01069-007

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

19204 Livingston Ave

\*\*\*\*900.00 \*\*\*\*900.00

Suite, Apt. #, Etc.

City

Lutz, FL 33549

State

FL

Zip Code

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 F. English

REGISTERED AGENT MUST SIGN

Date

10-26-00

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/ Sec/ Treas	Thomas F. English	19204 Livingston Ave	Lutz, FL 33549

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

Thomas F. English

Date

10-26-00

Daytime Phone #

CR2E081 (9/99)