

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000082176

1. Corporation Name

EAST COAST CONTRACTING, INC.

Principal Place of Business

1463 MOUNT LAUREL DR.
WINTER SPRINGS FL 32708

Mailing Address

1463 MOUNT LAUREL DR.
WINTER SPRINGS FL 32708



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1997

5. FEI Number

59-3467995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KAMINSKI, GEORGE	1463 MOUNT LAUREL DR.	WINTER SPRINGS FL 32708
V	KAMINSKI, DEBBIE	1463 MT LAUREL DR	WINTER SPRINGS FL 32708

7000008643097
10/29/02--01023--014 **158.75

Handwritten signature/initials

8. Name and Address of Current Registered Agent

KAMINSKI, GEORGE
1463 MOUNT LAUREL DR.
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Handwritten signature of George Kaminski

REGISTERED AGENT MUST SIGN

Date 10-23-02

11. 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.

GEORGE KAMINSKI

SIGNATURE:

Handwritten signature of George Kaminski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02 407-366-6704

Date

Daytime Phone #

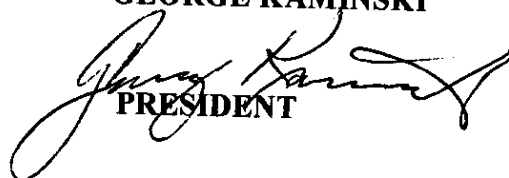
EAST COAST CONTRACTING INC.
1463 MT LAUREL DR.
WINTER SPRINGS FL. 32708

10-23-02

DEPARTMENT OF STATE

WE AT EAST COAST ARE FILING FOR REINSTATEMENT. WE DID NOT RECEIVE THE TWO PRIOR UNIFORM BUSINESS REPORTS. IN THE PAST WE HAVE ALWAYS FILIED ON TIME. THIS IS NOT A OVERSITE AS WE HAVE NO RECEIPTS OF RECEIVING UBR REPORTS. WE HOPE YOU WILL ACCEPT OUR APPLICATION FOR REINSTATEMENT.

HAVE A GREAT DAY
GEORGE KAMINSKI


PRESIDENT