

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 5:11

DOCUMENT # P98000082309

1. Corporation Name

EASTERN SEABOARD LEASING, INC.

Principal Place of Business

6740 E HILLSBOROUGH AVE
STE A
TAMPA FL 33610

Mailing Address

PO BOX 310582
TAMPA FL 33680

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

2. New Principal Office Address, If Applicable

6604 HARNEY RD
Suite D

City & State
Tampa FL

Zip
33610

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date incorporated or Qualified
To Do Business in Florida

09/21/1998

5. FEI Number

59-3547634

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
PSTD	CHAFFEE, EUGENE	6740 E HILLSBOROUGH, STE A	TAMPA FL 33610

900003455079--9
-11/07/00--01062--015
1500.00 *750.00

Bull

8. Name and Address of Current Registered Agent

GREGORY, WILLIAM P
715 SWANN AVE.
TAMPA FL 33606

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

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.

Signature of
Registered Agent

W.P. Gregory

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-18-00

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.

SIGNATURE: Eugene Chaffee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-00
Date

Daytime Phone #

CR2E040 (8/00)