

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 FEB 23 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
400003789144--3  
-02/28/01--01044--013  
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400003789144--3  
-02/28/01--01044--014  
\*\*\*\*322.06 \*\*\*\*322.06

DOCUMENT # PA9000019143

1. Corporation Name Eastshore Properties Corporation

2. Principal Office Address

5559 Brookline Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida 32819

Zip

32819

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

March 1, 1999

5. FEI Number

59-3576076

☒ 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

Cynde Williams

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

5559 Brookline Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

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

Cynde Williams

REGISTERED AGENT MUST SIGN

Date 02/21/01

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
1	<u>Cynde Williams President</u>	<u>5559 Brookline Dr</u>	<u>Orlando, FL 32819</u>

**REINSTATEMENT 2000-01**

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

Cynde Williams

President

02/21/01

Date

407/909-1800

Daytime Phone #