

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -9 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000023407**

1. Corporation Name

EAST-WEST CONCIERGE SERVICE, INC.

Principal Place of Business

18049 SW 142ND COURT
MIAMI FL 33177

Mailing Address

18049 SW 142ND COURT
MIAMI FL 33177



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

2. New Principal Office Address, If Applicable

10391 SW 150 CT

Suite, Apt. #, etc.

Apt # 10107

City & State
MIAMI, FL

Zip
33196

Country
USA

3. New Mailing Office Address, If Applicable

10391 SW 150 CT

Suite, Apt. #, etc.

Apt # 10107

City & State
MIAMI, FL

Zip
33196

Country
USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1999

5. FEI Number

65-0900465

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
D	CHROSTOWSKI, EDWARD	18049 SW 142ND COURT	MIAMI FL 33177
D	CHROSTOWSKI, MARTA M	18049 SW 142ND COURT	MIAMI FL 33177

000025338910

12/09/03 01014 014 **750.00

8. Name and Address of Current Registered Agent

CHROSTOWSKI, EDWARD
18049 SW 142ND COURT
MIAMI FL 33177

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **12-2-03**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] CHROSTOWSKI MARTA 12-2-03 305 3785466

Date

Daytime Phone #

CR2E040 (7/03)