

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P9900044753</u>			
1. Corporation Name <u>EAST CONSULTANT INC.</u>			
2. Principal Office Address <u>16 Palm Drive</u> Suite, Apt. #, etc. <u>—</u> City & State <u>New Smyrna Beach FL</u> Zip <u>32169</u> Country <u>Volusia</u>		3. Mailing Office Address <u>22 Highland Down</u> Suite, Apt. #, etc. <u>—</u> City & State <u>Shoreham, New York</u> Zip <u>11786</u> Country <u>Suffolk</u>	
4. Date Incorporated or Qualified To Do Business in Florida <u>May 13, 1999</u>		5. FEI Number <u>58-2472-615</u> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <u>Charles M. Althoff</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>16 Palm Drive</u> Suite, Apt. #, Etc. <u>—</u>			
City <u>New Smyrna Beach</u>		State <u>FL</u>	Zip Code <u>32169</u>
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 <u>Charles M. Althoff</u>		Date <u>Mar 12, 2001</u>	
REGISTERED AGENT MUST SIGN			
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
<u>VP</u>	<u>Diane M. Althoff</u>	<u>22 Highland Down</u>	<u>Shoreham, NY. 11786</u>
<u>Treas</u>	<u>Keith C. Althoff</u>	<u>22 Highland Down</u>	<u>Shoreham, NY. 11786</u>
<u>Sec</u>	<u>Kristine D. Althoff</u>	<u>22 Highland Down</u>	<u>Shoreham, NY. 11786</u>
<u>PRES</u>	<u>CHARLES M. ALTHOFF</u>	<u>22 HIGHLAND DOWN</u>	<u>SHOREHAM NY 11786</u>
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)(f), 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: <u>Charles M. Althoff</u>		Date <u>Mar 12, 2001</u>	Daytime Phone # <u>(631) 744-6036</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 14 PM 4:36

CR2001 (8/00)

**E.A.S.T. CONSULTANT INC.**

**CHARLES M. ALTHOFF**

22 HIGHLAND DOWN  
SHOREHAM, NEW YORK 11786

November 11, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

~~I have been functioning as a corporation since May 13, 1999. I have been pre-paying my taxes to the State of Florida since that time. I have never received a corporate statement from the Florida State Division of Corporations as my attorney indicated I should have. My attorney informed me that my corporation was involuntarily dissolved due to the fact that I did not pay an annual fee of \$150.00. I have never received any notice and/or mailing indicating that a fee was required to my Florida or New York addresses.~~

Enclosed is the application for reinstatement and a check for \$300.00 for the \$150.00 annual fee for 2000 and 2001.

Please make sure our **mailing address** for all correspondence is:

**22 HIGHLAND DOWN  
SHOREHAM, NEW YORK 11786**

Thank you in advance for your cooperation regarding the above matter.

Sincerely yours,

*Charles M. Althoff*

Charles M. Althoff