

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 13 PM 5:22



DOCUMENT # P99000085055

1. Corporation Name

EAST COAST UNITED MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~1210 SEA GRAPE CIRCLE~~
DELRAY BEACH FL 33445

~~1210 SEA GRAPE CIRCLE~~
DELRAY BEACH FL 33445

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

5645 Sims Rd.

P.O. Box 6106

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33484

33484

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1999

5. FEI Number

65-0952020

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P, D	Emanuel Hernandez	5645 Sims Rd.	Delray Beach, FL 33484
			200003514772--5 -12/27/00-01076-009 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ, EMANUEL
~~1210 SEA GRAPE CIRCLE~~
DELRAY BEACH FL 33445

Name

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

5645 Sims Rd.

Suite, Apt. #, Etc.

City

State

Zip Code

FL

33484

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/4/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/00

Date

561-441-1555

Daytime Phone #

CR2E040 (800)



EAST COAST UNITED MANAGEMENT



**1210 Seagrape Circle
Delray Beach, Florida 33445**

December 4, 2000

Division of Corporations
Uniform Business Repoort Filings
P O Box 1500
Tallahassee, FL 32302-1500

RE: East Coast United Management, Inc.
Document #P99000085055

Dear Sir or Madam,

Please find enclosed the Application for Reinstatement with our check for \$150.00. We are formally requesting relief from the \$750.00 reinstatement fee because we never received the original report sent to us in January. We were not aware that the annual report was due because this was the first year we were sent this form. We believed that we were current on any fees due until we received this current notice from you.

Please accept this filing and payment as full satisfaction of the 2000 year requirement. We are now aware of the filing requirements and will not be late again. Your consideration in this matter is greatly appreciated.

Sincerely,

Emanuel Hernandez
President

Encl.