

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 OCT -6 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** P99000102648

**1. Corporation Name**

EASTFIELD INTERNATIONAL, INC.

**2. Principal Office Address**

1325 Killian Street

Suite, Apt. #, etc.

Suite 2

City & State

Daytona Beach, FL

Zip

32114

Country

U.S.A.

**3. Mailing Office Address**

1325 Killian Street

Suite, Apt. #, etc.

Suite 2

City & State

Daytona Beach, FL

Zip

32114

Country

U.S.A.

**REINSTATEMENT 2000**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/24/99

**5. FEI Number**

65-0974733

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

PALMETTO CHARTER SERVICES, INC.

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

150 MAGNOLIA AVENUE

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32114

900003456359-4  
-11/07/00--01134--018  
\*\*\*\*750.00 \*\*\*\*750.00

**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

REGISTERED AGENT MUST SIGN

Date

10/5/00

**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
D/P	SIMON TUNE	1325 KILLIAN STREET SUITE 2	DAYTONA BEACH, FL 32114

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIMON E. TUNE, PRESIDENT

Date

(904)255-8171

Daytime Phone #

CH2E081 (9/99)