

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 5:21

DOCUMENT # V18149

1. Corporation Name

EASTCO REALTY, INC.

Principal Place of Business

Mailing Address

1650 NE 26TH ST
SUITE A
WILTON MANORS FL 33305
US

1650 NE 26TH STREET
SUITE A
WILTON MANORS FL 33305

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1992

5. FEI Number

65-0315217

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 |
|---------------|---|--|--------------------------|
| D | BERLINER, IRWIN S. | 1650 NE 26 STREET STE. A | FORT LAUDERDALE FL 33305 |
| P | BUKAITZ, FINLEY M. | 1650 NE 26TH ST SUITE A | FT LAUDERDALE FL 33305 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERLINER, IRWIN S.
1650 N.E. 26TH ST. SUITE A
FT LAUDERDALE FL 33305

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/24/00

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

Date

Daytime Phone #

CR2E040 (8/00)

(2)

**Eastco Realty Associates, Inc.
1650 NE 26th Street, Suite A
Wilton Manors, FL 33305**

October 20, 2000

Division of corporations
Annual report/reinstatement section
P.O. Box 6327
Tallahassee, FL 32314 -6327

RE: Eastco Realty

Document # V 18149

Good morning!

We are in receipt of your notice of administrative dissolution of the above corporation.

Please be advised that we never received a notice indicating that the signature was not on the form and we never received notice from your office of this fact.

Enclosed is a copy of our canceled check number 1150 dated February 25th 2000, issued to the department of state in the amount of \$150.00 for payment of our annual fee. We never received a second notice from your office indicating this problem. The reinstatement form is enclosed as well and is duly signed and executed.

We respectfully request that you reinstate the above captioned Corp. immediately without penalties, and keep this corporation open on the books of the state of Florida.

Sincerely Yours,

EASTCO REALTY ASSOCIATES, INC



Finley M. Bukaitz, President