

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # V11880**

1. Corporation Name

**EASTMOND ENTERPRISES, INC.**

FILED

03 OCT 13 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10/03/03 01006 018 754.00

Principal Place of Business

Mailing Address

314 GUNNERY RD. 5  
LEHIGH ACRES FL 33971

314 GUNNERY RD. 5  
LEHIGH ACRES FL 33971

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0327647

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	EASTMOND, STANVILLE	309 MONROE AVE	LEHIGH ACRES FL
T	EASTMOND, MARILYN	309 MONROE AVE	LEHIGH ACRES FL

**REINSTATEMENT 03 TS**

8. Name and Address of Current Registered Agent

EASTMOND, STANVILLE  
309 MONROE AVENUE  
LEHIGH ACRES FL 33972

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

REGISTERED AGENT MUST SIGN

Date

10/8/03

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:

*Marilyn Eastmond*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03

Daytime Phone #

239 368 6367

CR2E040 (7/03)