

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 98-99

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # **N95000000963**

1. Corporation Name
E-COMB, INC.

Principal Place of Business: **900 16th St. #203 Miami Beach, FL 33139**
Mailing Address: **P.O. Box 398-891 Miami Beach, FL 33239**

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 2/27/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0585934	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Victor A. Varela	900 16 St. # 203	Miami Beach, FL 33139
D	Lisa A. Liotta	240 Collins Ave #68	Miami Beach, FL 33139
D	Laura C. Varela	900 16 St. # 203	Miami Beach, FL 33139

8. Name and Address of Current Registered Agent Michael R. Goldstein 3034 Oak Ave, #24 Coconut Grove, FL 33133		9. Name and Address of New Registered Agent Name Victor A. Varela Street Address (P.O. Box Number is Not Acceptable) 900 16th St. #203 Suite, Apt. #, Etc. City Miami Beach State FL Zip Code 33139	
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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]* REGISTERED AGENT MUST SIGN Date **6/18/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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]* **Victor A. Varela** Date **6/18/99** (305) 389-7945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2095 (12/98)