PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 15 PM 12:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA
REINSTATEMENT 03

DOCUMENT # **P02000071445**

1. Corporation Name

E C CASH, INC.

Principal Place of Business	Mailing Address
406 OYSTER RD NORTH PALM BEACH FL 33408	406 OYSTER RD NORTH PALM BEACH FL 33408

800023792488
10/14/03--01059--023 **150.00

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: **06/28/2002**

5. FEI Number ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES./DIR.	THOMAS G. BROWN	406 OYSTER RD. NORTH PALM BEACH, FL. 33408	⇒

8. Name and Address of Current Registered Agent

BROWN, THOMAS G
406 OYSTER RD
NORTH PALM BEACH FL 33408

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

CR2E040 (7/03)

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 _____ Date 10-9-03
REGISTERED AGENT MUST SIGN

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: _____ 10-9-03 (561)688-7295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

E.C. Cash, Inc.
406 Oyster Rd.
North Palm Beach, Fl. 33408

October 9, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: UBR for E.C. Cash, Inc.

To Whom It May Concern:

I am in receipt of your Notice of Administrative Dissolution and I was quite stunned. We are a new company and had not had to file an annual UBR yet, so there was nothing to alert me when it wasn't received by May 1. There are two other new companies that are located at this same location, and they failed to receive their UBR notices either. They are Barb's Entertainment, Inc. and The Market Shadow, Inc. All three corporations are new (within the last year to eighteen months) and this would have been their first UBR. Please waive the penalty for E.C. Cash, Inc., as we never received notice of the fee due and the UBR form. The other two corporations may be in touch with you under separate cover as they have different officers and directors, but I am requesting on behalf of E.C. Cash, Inc. and have enclosed the original fee of $150.00. Thank you in advance for your consideration.

Sincerely,
E.C. Cash, Inc.

Thomas G. Brown, President