

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000075160

1. Entity Name  
ECCLESTON INVESTMENTS, INC.



FILED

06 MAR 14 AM 11:23

Principal Place of Business  
150 WEST FLAGLER STREET  
SUITE 2200  
MIAMI, FL 33130

Mailing Address  
150 WEST FLAGLER STREET  
SUITE 2200  
MIAMI, FL 33130



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122006 REIN-P CR2E098 (11/05)

4. FEI Number  
55-0844511

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREED, OWEN S  
150 WEST FLAGLER STREET  
SUITE 2200  
MIAMI, FL 33130

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MARTINEZ, ARMANDO Y  
STREET ADDRESS 19234 FISHER ISLAND DRIVE  
CITY-ST-ZIP MIAMI BEACH, FL 33109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600069050576  
03/30/06--01039--010 \*\*300.00

TITLE SD  
NAME DE YANEZ, GABRIELA G  
STREET ADDRESS 19234 FISHER ISLAND DRIVE  
CITY-ST-ZIP MIAMI BEACH, FL 33109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME YANEZ, MARIA M  
STREET ADDRESS 19234 FISHER ISLAND DRIVE  
CITY-ST-ZIP MIAMI BEACH, FL 33109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME YANEZ, ALAJANDRO  
STREET ADDRESS 19234 FISHER ISLAND DRIVE  
CITY-ST-ZIP MIAMI BEACH, FL 33109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME FREED, OWEN S  
STREET ADDRESS 150 WEST FLAGLER STREET  
CITY-ST-ZIP MIAMI, FL 33130

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06

805-789-3456

Daytime Phone #