

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 17 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/04/02--01087--009
****297.50 ****297.50

DOCUMENT # 726466

1. Corporation Name

ECHO HOUSE, INC.

2. Principal Office Address

100 Martin Luther King,
Tr. Avenue

Suite, Apt. #, etc.

City & State

St. Augustine FL

Zip

32084

Country

St. Johns

3. Mailing Office Address

77 Park Place

Suite, Apt. #, etc.

City & State

St. Augustine FL

Zip

32084

Country

St. Johns

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/21/1973

5. FEI Number

26-6605350

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

GORDON-MILLS, ROSALIE R.

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

77 Park Place

Suite, Apt. #, Etc.

City

St. Augustine

State
FL

Zip Code
32084

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Rosalie R. Gordon-Mills
ROSALIE R. GORDON-MILLS

Date 5/13/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Gordon-Mills, Rosalie R.	77 Park Place	St. Augustine FL 32084
VP	Allert, David	339 Deltona Blvd.	St. Augustine FL 32086
S/D	Foster, Richard	7 Marshview Drive	St. Augustine FL 32080
D	Israel, Dorothy	850 AlA Beach Blvd. #82	St. Augustine FL 32080
T/D	McCoy, Walter D.	28 Fairchild Avenue	Palm Coast FL 32137

CR2E081 (9/01)

10. 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:

Rosalie R. Gordon-Mills
ROSALIE R. GORDON-MILLS, President

5/13/02

904/825-1990

Date

Daytime Phone #