

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR -3 PM 2:30

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000004459

1. Corporation Name

E2020, Inc.

2. Principal Office Address - No P.O. Box #

7303 E. Earll Drive

3. Mailing Office Address

7303 E. Earll Drive

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Scottsdale, AZ

City & State

Scottsdale, AZ

Zip

85251

Country

USA

Zip

85251

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/1999

5. FEI Number
31-1692050

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

NRAI Services, Inc.

Assistant Secretary

Date *03/30/09*

REGISTERED AGENT MUST SIGN

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/D	Gene E. Storz	11110 E. Rutledge Ave	Mesa, AZ 85212
D	David Richter	10212 N. 133rd Street	Scottsdale, AZ 85259
D	Robert Kite	6910 E. 5th Avenue	Scottsdale, AZ 85251
D	Christian Mustad	6 Rue de la Industrie	Bulle, CH-1630, Switzerland
D	Larry Olson	214 W. Vista Ave	Phoenix, AZ 85021

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 contained in Chapter 119, 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:

Gene E. Storz

Gene E. Storz

3/24/09

480-423-0118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #