

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000011151

FILED  
Jun 13, 2014  
Secretary of State

Entity Name: ECOWORKS INTERNATIONAL, INC.

## Current Principal Place of Business:

333 ARAGON STREET, SUITE 506  
CORAL GABLES, FL 33134

## New Principal Place of Business:

3340 FLORIDA AVENUE  
COCONUT GROVE, FL 33133

## Current Mailing Address:

333 ARAGON STREET, SUITE 506  
CORAL GABLES, FL 33134

## New Mailing Address:

3340 FLORIDA AVENUE  
COCONUT GROVE, FL 33133

FEI Number: 80-0323192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANES, HENRYKA  
333 ARAGON STREET, SUITE 506  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

MANES, HENRYKA  
3340 FLORIDA AVENUE  
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: HENRYKA MANES

06/13/2014

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CH  
Name: ALEXANDER, LESLIE  
Address: C/O 3340 FLORIDA AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: TREA  
Name: MANES, HENRYKA  
Address: 3340 FLORIDA AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: E DR  
Name: MANES, HENRYKA  
Address: 3340 FLORIDA AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MMR  
Name: ROSTOV, EUGENE  
Address: 245 CATALONIA AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: MEMB  
Name: ESTIME, MARIE-FLORENCE  
Address: C/O 3340 FLORIDA AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MMB  
Name: BUTLER, BEN  
Address: 6915 WINDHAM PARKWAY  
City-St-Zip: PROSPECT, KY 40059

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HENRYKA MANES

EDIR

06/13/2014

Electronic Signature of Signing Officer or Director

Date