

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -8 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA3000004979

1. Corporation Name

Ecoworks, Inc.

2. Principal Office Address

17525 NW 61 Ct. N.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33015

Country

US

Zip

2

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 94-04

7. Name and Address of Current Registered Agent

Name

Ferrero, Elisabeth

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

17525 NW 61 Ct. N.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

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

[Signature]

REGISTERED AGENT MUST SIGN

Date May 31, 2004

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
President	Elisabeth Ferrero	17525 NW 61 Ct. N.	Miami, FL 33015
Vice-P	J. Holland	Jockey Club, Tower J, suite 1715, 1111 Biscayne Blvd	Miami, FL 33181
Secretary	Wolfgang Riesterer	Saint Thomas University, 16400 NW 32 Ave	Miami, FL 33054

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

[Signature]

ELISABETH FERRERO

May 31, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-628 6650

CR2E001 (07/04)