

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 29 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000018429**

1. Corporation Name

E CONTENT INC.

2. Principal Office Address

324 DATURA ST.

Suite, Apt. #, etc.

SUITE 200

City & State

WEST PALM BEACH

Zip **33401**

Country

USA

3. Mailing Office Address

324 DATURA ST.

Suite, Apt. #, etc.

SUITE 200

City & State

WEST PALM BEACH FL.

Zip **33401**

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

23-2442288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RANDALL HENLEY P.A.

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

324 DATURA STREET

Suite, Apt. #, Etc.

SUITE 200

City

WEST PALM BEACH

State

FL

Zip Code

33401

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]

Date

4/26/02

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
CEO	CORNELIA ELDRIDGE	22455 SUNRISE BLVD	FT LAUDERDALE FL
CORP SECT	WILLIAM CAMPBELL	2760 APPALACHIA	WELLSINGTON FL
DIR	GARY GOODEN	2490 PLAYERS COURT	WELLSINGTON FL

REINSTATEMENT

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)(f), 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]

CORP. SECRETARY 4/26/02 561-835-0094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)