

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000018429**

1. Corporation Name

E CONTENT INC.

Principal Place of Business

Mailing Address

324 DATURA ST
STE. 200
WEST PALM BEACH FL 33401
US

324 DATURA ST
STE. 200
WEST PALM BEACH FL 33401
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/2000

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	ELDRIDGE, CORMELIA	22455 SUNRISE BLVD.	FT LAUDERDALE FL
CS	CAMPBELL, WILLAM	2760 APPALOOSA	WELLINGTON FL
D	GOODELL, GARY	2490 PLAYERS COURT	WELLINGTON FL
CEO	KEEFE, PETER	6467 ZUMA VIEW PLACE	MALIBU, CA 90265
			700034173297 04/27/04--01085--005 **750.00
			700034173297 06/09/04--01043--026 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENLEY, RANDALL P.A.
324 DATURA ST
STE. 200
WEST PALM BEACH FL 33401

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/21/04

11. 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:

GARY GOODELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/04 561-792-0838

CR2040 (7/03)