

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 13 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038317

1. Corporation Name

Ecisive, Inc

2. Principal Office Address

124 5th Ave N

Suite, Apt. #, etc.

City & State

Jacksonville Beach

Zip

FL

Country

32250

3. Mailing Office Address

501 E Jackson St

Suite, Apt. #, etc.

#300

City & State

Orlando, FL

Zip

32801

Country

USA

REINSTATEMENT 2003-2004

4. Date Incorporated or Qualified
To Do Business in Florida

4/17/2000

5. FEI Number

59-3640880

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

CHRISTOPHER S. HARDIGREE

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

485 Emory Oak Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

34761

400040164384

*08/13/04--01038--004 **908 75*

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 *8-10-2004*

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
DPST	<i>CHRISTOPHER S. HARDIGREE</i>	<i>485 Emory Oak Street</i>	<i>Orlando, FL 34761</i>
V	<i>STEPHANIE J. HARDIGREE</i>	<i>485 Emory Oak Street</i>	<i>Orlando, FL 34761</i>

REINSTATEMENT 03-04

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

CHRISTOPHER S. HARDIGREE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-2004 *(407)420-1108*

Date

Daytime Phone #