

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000107697

1. Corporation Name

ECLECTIC EMPORIUM TWO, INC.

Principal Place of Business

~~4235~~ DEL CREST  
LAKELAND FL 33803

Mailing Address

~~4235~~ DEL CREST  
LAKELAND FL 33803

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
1522 Del Crest

City & State  
Lakeland FL

Zip Country  
33803 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
1522 Del Crest

City & State  
Lakeland FL

Zip Country  
33803 USA

FILED

02 JAN 17 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/2000

5. FEI Number

59-3706309

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip  |
|------------|-------------------------------------|--|---|
| D          | BADCOCK, MARY R.                    | 1255 DEL CREST                                   | LAKELAND FL 33803   |
|            |                                     |  | 300004844909--5<br>-01/30/02--01059--002<br>****750.00 ****750.00 |
|            |                                     |  | 300004844909--5<br>-01/30/02--01059--003<br>****150.00 ****150.00 |
|            |                                     |  |   |
|            |                                     |  |   |

8. Name and Address of Current Registered Agent

MILLER, MARK N  
LANE, TROHN, BERTRAND & VREELAND, P.A.  
ONE LAKE MORTON DR  
LAKELAND FL 33801

9. Name and Address of New Registered Agent

Name  
ALAN C FISH  
Street Address (P.O. Box Number is Not Acceptable)  
100 NORTH TAMPA ST  
Suite, Apt. #, Etc.  
SUITE 2010  
City State Zip Code  
TAMPA FL 33602

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-18-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #