

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 14 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110169

1. Corporation Name EKO CONSULTING, INC.

2. Principal Office Address
2900 UNIVERSITY DRIVE

Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FLORIDA

Zip Country
33065 USA

3. Mailing Office Address
2900 UNIVERSITY DRIVE

Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FLORIDA

Zip Country
33065 USA

4. Date Incorporated or Qualified
To Do Business in Florida NOVEMBER 27, 2000

5. FEI Number 65-1119187
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name
PAULINE RAHAEL, AMERA PROPERTIES, INC.

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

2900 UNIVERSITY DRIVE

Suite, Apt. #, Etc.

City
CORAL SPRINGS

State Zip Code
FL 33065

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 *Pauline Rahael*
REGISTERED AGENT MUST SIGN

Date February 7, 2003

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
P	EDDIE KOURY	2900 UNIVERSITY DRIVE	CORAL SPRINGS, FL 33065
S	PAULINE RAHAEL	2900 UNIVERSITY DRIVE	CORAL SPRINGS, FL 33065

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: *Pauline Rahael* PAULINE RAHAEL February 7, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-753-9500

Date Daytime Phone #

CR2E081 (10/02)