

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000086

1. Corporation Name

ECOMDAT, INC.

Principal Place of Business

461 NORTHEAST 25TH TERRACE
BOCA RATON FL 33431

Mailing Address

461 NORTHEAST 25TH TERRACE
BOCA RATON FL 33431

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/2001

5. FEI Number

65-1063605

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
PSTD	HEINO, GLENN E	461 NORTHEAST 25TH TERRACE	BOCA RATON FL 33431

900009109869
11/20/02--01052--018 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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.

SPIEGEL & UTRERA, P.A.

Signature of
Registered Agent

BY:  SIGNATURE REQUIRED

Natalia Utrera, Vice President

Date

11/19/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn E Heino

Date

11/6/2002 (561)361-4488

Daytime Phone #

CR2E040 (8/02)



November 26, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

~~To Whom It May Concern:~~

This letter is to advise the Florida Department of State Division of Corporations that ECOMDAT, INC. was never in receipt of the 2002 Annual Business Report. To the best of our knowledge, the only correspondence ECOMDAT, INC. ever received from the Department of State Division of Corporations was a letter of Administrative Dissolution, dated October 4, 2002 which we immediately forwarded to your office along with a check in the amount of \$150.00.

Enclosed are a completed application for reinstatement and a check for \$150.00.

Sincerely,

A handwritten signature in black ink, appearing to read 'Glenn E. Heino', is written over a horizontal line.

Glenn E. Heino
President of ECOMDAT, INC.

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