

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 # **P01000019886**

1. Corporation Name

E-FORCE ENVIRONMENTAL BIO-ECO MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~3336 N OCEAN DR~~
~~#295~~
~~FORT LAUDERDALE FL 33308~~

~~3336 N OCEAN DR~~
~~#295~~
~~FORT LAUDERDALE FL 33308~~

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

2. New Principal Office Address, If Applicable
3706 N. OCEAN DR.

Suite, Apt. #, etc.
400

City & State
FT. LAUDERDALE FLORIDA

Zip Country
33308 BROWARD

3. New Mailing Office Address, If Applicable
1651 S. W. 27th, Ave

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FLORIDA

Zip Country
33312 BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/2001

5. FEI Number

65-1082590

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
DP	ELLIOTT, DAVID J.	1281 N OCEAN DRIVE #137	SINGER ISLAND FL 33404
DTCE C	ROSE, WILLIAM	1281 N OCEAN DRIVE #137	SINGER ISLAND FL 33404
Pres	ELLIOTT DAVID, J.	1651 S.W. 27, Ave	Fort Lauderdale, Fl. 33312
DIR	ROSE WILLIAM, A.	1281 N.OCEAN DR. #137	Singer Island Fl. 33404
TRES	WILL ALBERT A.	1661 S.W. 27, Ave.	Fort Lauderdale, Fl. 33312

8. Name and Address of Current Registered Agent

~~CARRIER, LEWIS W III~~
~~1540 SW 47 TERR~~
~~FT LAUDERDALE FL 33317~~

Name

CLAIRE CUBBIN, ESQ

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

2101 North Andrews Ave.

Suite, Apt. #, Etc.

401-402

City

Fort Lauderdale, Fl.

State

FL

Zip Code

33311

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

Claire Cubbin

REGISTERED AGENT MUST SIGN

Date

8/19/04

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:

David J. Elliott
David J. Elliott C.E.O./President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-18-04 954 444-7620

Date

Daytime Phone #

CR2E040 (7/03)