

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000030477

1. Corporation Name

ECHOSURF, INC.

Principal Place of Business

Mailing Address

11563 MARSHWOOD LANE
FORT MYERS FL 33908

11563 MARSHWOOD LANE
FORT MYERS FL 33908



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FBI Number

Applied For

City & State

City & State

65-1092800

Not Applicable

Zip

Country

Zip

Country

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
✓	COLBERT, ANNA P	11563 MARSHWOOD LANE 16949 Colony Lakes Blvd.	FORT MYERS FL 33908
✓	COLBERT, MARK A	11563 MARSHWOOD LANE 16949 Colony Lakes Blvd.	FORT MYERS FL 33908
✓	HERSCHER, JOHN F	11563 MARSHWOOD LANE	FORT MYERS FL 33908

900023311689
10/17/03--01080--003 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLBERT, ANNA PATRICIA
11563 MARSHWOOD LANE
FORT MYERS FL 33908

Name

MARK A. COLBERT

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

16949 Colony Lakes Blvd.

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33908

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

[Signature]

Date

10-05-2003

REGISTERED AGENT MUST SIGN

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-5-2003 239-770-1222

CR2E040 (7/03)