


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 20 AM 10:27

DOCUMENT # P01000031385

1. Corporation Name
ECM HOLDINGS, INC.

2. Principal Office Address
21601 SW 228 STREET

3. Mailing Office Address
3400 SW 27 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

802

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33170

Country

Zip
33133

Country

4. Date Incorporated or Qualified
To Do Business in Florida 03-27-2001

5. FEI Number
65-1124748

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name
ELISEO L. MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)
3400 SW 27 AVE.

Suite, Apt. #, Etc.

802

City
MIAMI

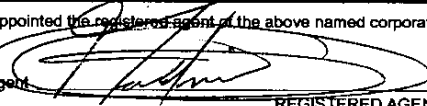
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State
FL

Zip Code
33133

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



Date

REGISTERED AGENT MUST SIGN.

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/D	DOLORES M. MARTINEZ	3400 SW 27 AVE. # 802	MIAMI, FL 33133
V/D	ELISEO L. MARTINEZ	3400 SW 27 AVE. # 802	MIAMI, FL 33133

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-05

Date

Daytime Phone #

CR2E081 (01/05)

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

ATTN: TYRONE SCOTT

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT DID NOT RECEIVE THE NOTICE FOR 2003 UBR FIRST NOR SECOND NOTICE. WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

I HAVE A NEW MAILING ADDRESS PLEASE MAKE A NOTE OF IT.

CORDIALLY,


DOLORES M MARTINEZ
PRESIDENT