




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000063095			
1. Corporation Name ECOWIND ENERGY CONCEPTS, INC.			
Principal Place of Business 8724 HAMPDEN DRIVE TAMPA FL 33626		Mailing Address 8724 HAMPDEN DRIVE TAMPA FL 33626	
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 06/25/2001	
		5. FEI Number 59-3727247	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PID, T, S, V	RAUL VERASTEGUI	8724 HAMPDEN DRIVE TAMPA, FLORIDA 33626	TAMPA FLORIDA 33626
8. Name and Address of Current Registered Agent COOK & KOCH, P.A. 201 NORTH FRANKLIN STREET ONE TAMPA CITY CENTER, SUITE 3010 TAMPA FL 33602		9. Name and Address of New Registered Agent Name Kach & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 500 East Kennedy Blvd. Suite, Apt. #, Etc. Suite 100 City Tampa State FL Zip Code 33602	
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 REQUIRED Date March 30, 2004 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 REQUIRED		RAUL VERASTEGUI MARCH 29 2004 813-926-0743 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

FILED
04 APR -5 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT - 02-34

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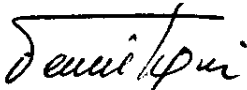
March 29, 2004

TO THE FLORIDA DEPARTMENT OF STATE

Dear Sirs :

In accordance to regulations, I respectfully request the concession of a waiver for the Reinstatement fee of Ecowind Energy Concepts Inc. as an authorized Corporation in the State of Florida, since we have not received the prior corresponding UBR notices.

Sincerely



Raul E. Verastegui
President

Ecowind Energy Concepts inc.