

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 21 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000066941

1. Corporation Name

ECHELON GROUP, INC.

Principal Place of Business

Mailing Address

1350 VIKING DRIVE
HOLIDAY FL 34691

1350 VIKING DRIVE
HOLIDAY FL 34691

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

REINSTATEMENT 03



100023986251
10/21/03--01140--022 **150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1032 SPANISH OAKS BOULEVARD

1032 SPANISH OAKS BOULEVARD

City & State

City & State

PALM HARBOR FL

PALM HARBOR FL

Zip

Country

Zip

Country

34683 USA

USA

34683

USA

5. FEI Number

59-3731512

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FISCUS, BRAD	1350 VIKING DRIVE	HOLIDAY FL 34691
P	FISCUS, BRAD	1032 SPANISH OAKS BOULEVARD	PALM HARBOR FL 34683

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FISCUS, BRAD
1350 VIKING DRIVE
HOLIDAY FL 34691

Name

BRAD FISCUS

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

1032 SPANISH OAKS BOULEVARD

Suite, Apt. #, Etc.

1

City

PALM HARBOR

State

FL

Zip Code

34683

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

Brad Fiscus

REGISTERED AGENT MUST SIGN

Date

10-07-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-07-03

Date

(727) 787 1737

Daytime Phone #

CR2E040 (7/03)

October 8, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida
32314

Re: Reinstatement – Echelon Group, Inc.

To Whom It May Concern:

I did not receive the uniform business report (UBR) notices this year. Please waive the reinstatement fee and reinstate my corporation for 2003 with the enclosed check for \$150.00.

Please update my records for a change of address:

Old Address:

1350 Viking Drive
Holiday, Florida
34691

New address:

1032 Spanish Oaks Boulevard
Palm Harbor, Florida
34683

Thank you for your assistance in this matter.

Regards,



Brad Fiscus
President
Echelon Group, Inc.