

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.

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
Suite, Apt. #, etc. 1032 SPANISH OAKS BOULEVARD	Suite, Apt. #, etc. 1032 SPANISH OAKS BOULEVARD	07/09/2001
City & State PALM HARBOR FL	City & State PALM HARBOR FL	5. FEI Number 59-3731512
Zip 34683	Country USA	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
<del>P</del>	<del>FISCUS, BRAD</del>	<del>1350 VIKING DRIVE</del>	<del>HOLIDAY FL 34691</del>
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 Date 10-07-03

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: Brad Fiscus 10-07-03 (727) 787 1737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 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.