PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 21 PM 1:25

SECRETARY OF STATE FALLAHASSEE, FLORIDA

APPLICATION "FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000066941

1. Corporation Name

ECHELON GROUP, INC.

				memicta	TERSENT	03
Principal Place of Business		Mailing Address		renstatement of		
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 10/21/0301140022 **150.00		
New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 07/09/2001		
Suite, Apt. #, etc. 1032 SIANISH BAKS BOVLEVAR		Suite, Apt. #, etc. BO 103Z SPANISH DAKS		S. FEI Number Applied For		
DALM HARBOR FL		Circo State HAVEROVE FL		59-3731512 Not Applicable		Not Applicable
346°	83 Country A	Zip 34683 Countr	ISA	6. CERTIFICATE OF STAT		Additional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Title(s)	Name of Officers and/or Directors	eet Address of Each ficer and/or Director	City / State / Zin			
·P	FISCUS, BRAD	VE-	HOLIDAY FL 34601			
P	FISCUS, BRAD 1032 SPANISH			BOULEVARD	PALM HA	34687 2130R FL
7						
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	8. Name and Address of Current R	egistered Agent	T	9. Name and Address	of New Registered Age	nt
Name				Fiscus		
1350 VI	BRAD KING DRIVE NY FL 34691	Street Address (P.O. Box Number is Not Acceptable) 1032 SANISH OAKS BOULEVARD Suite, Apt. #, Etc.				
		1 1 2 2	HARROR FL State Zip Code 34683			
10. 1, 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 Date						
negistered /	J	GISTERED AGENT MUST SIGN		Date		
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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.