

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000122338

1. Corporation Name

ECHO MANUFACTURING, INC.

Principal Place of Business

4770 110TH AVENUE, N. #13  
CLEARWATER FL 33762

Mailing Address

4770 110TH AVENUE, N. #13 -  
CLEARWATER FL 33762

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

12/28/2001

5. FEI Number

80-0024609

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
D	EMERY, ROBERT	4770 110TH AVENUE, N., #13	CLEARWATER FL 33762

100008694031

10/30/02--01032--019 \*\*150.00

8. Name and Address of Current Registered Agent

EMERY, ROBERT  
4770 110TH AVENUE, N., #13  
CLEARWATER FL 33762

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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

REGISTERED AGENT MUST SIGN

Date

10/28/02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02 1727540

Daytime Phone #

9655

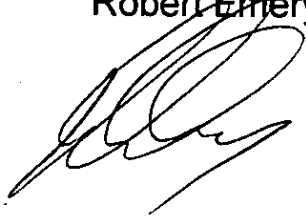
Florida Department of State  
Division of Corporations

October 23, 2002

Dear Sirs:

As an officer of Echo Manufacturing Inc., who's Articles of Incorporation were filed December 28, 2001 under document number P01000122338, I am informing you; Echo Manufacturing Inc. did not receive the two prior uniform business report notices. We received a Notice of Administrative Dissolution or Revocation approximately four days ago in the mail. The purpose of this letter is to comply with instructions listed under " Important Facts" to request a waiver of the reinstatement fee.

Thank You  
Robert Emery

A handwritten signature in dark ink, appearing to read 'Robert Emery', is written over the printed name. The signature is fluid and cursive.

I did NOT Recieve A previous NOTICE  
OF dissolution.

I AM contesting the notice OF  
dissolution, and I AM APPLYING FOR  
Active status

Enclwed is 150.00 check

THANK YOU

Thomas Wright

Thomas Wright