

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Wood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000024549**

1. Corporation Name

ECOSYSTEMS DESIGN OF FLORIDA, INC.

Principal Place of Business

Mailing Address

13101 MIKE DRIVE
TAMPA FL 33617

13101 MIKE DRIVE
TAMPA FL 33617

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/2002

5. FEI Number

Applied For

27-0002950

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
PVST	MOORE, CHRISTOPHER M	13101 MIKE DRIVE	TAMPA FL 33617
D	MOORE, CHRISTOPHER M	13101 MIKE DRIVE	TAMPA FL 33617

600024267286
10/30/03--01010--023 **183.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOORE, CHRISTOPHER M
13101 MIKE DRIVE
TAMPA FL 33617

Name

KEITH W. KOEHLER

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

1611 W. PLATT ST

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606

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) CPA
REGISTERED AGENT MUST SIGN

Date

10/20/03

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

CHRISTOPHER M. MOORE

Date

Daytime Phone #

10/22/03 (813) 984-4544

CR2E040 (7/03)

KOEHLER & COMPANY

A PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

MEMBERS OF THE AMERICAN
INSTITUTE AND THE FLORIDA
INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS

TELEPHONE (813) 258-1272
FACSIMILE (813) 258-2422
WEB SITE: WWW.CPA-TAMPA.COM
E-MAIL: KOEHLER@CPA-TAMPA.COM

October 20, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Regarding: Ecosystems Design of Florida, Inc.

To Whom it May Concern:

Enclosed please find a check payable to the Department of State for \$183.75 and Form 2003 Application for Reinstatement for the above referenced corporation, representing the \$150 fee, \$8.75 for a certificate of status, and a \$25 fee.

*Please be advised that the above referenced corporation **never** received the original annual report or the second report and accordingly, should not be subject to the late fee. This statement should be sufficient to allow you to waive this late fee.*

If you have any questions, please call me directly at (813) 258-1272.

Very Truly Yours,



Keith W. Koehler