

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV 21 PM 3:40

DOCUMENT # P02000026037

1. Corporation Name

ECLECTIC PROPERTIES, INC.

REINSTATEMENT 11-12

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

608 SUNSET ROAD

3. Mailing Office Address

608 SUNSET ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/8/2002

5. FEI Number

010626765

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BLAKE M. HARMON, ESQ.

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

4701 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

SUITE 480

City

POMPANO BEACH,

State

FL

Zip Code

33064

03/30/12--01025--006--**150.00

000241669360
11/09/12--01024--001--**150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 3/20/2012

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	RANDALL T. MCCORMICK	608 SUNSET ROAD	WEST PALM BEACH, FL 33401

NOV 21 2012

10. E-mail Address: ATTYBMH@BELLSOUTH.NET

(To be used for future annual report notification)

D. BUTLER

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-12

Date

Daytime Phone #