

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC -7 PM 12: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000027979

1. Corporation Name

ECKOBLU MARKETING GROUP INC.

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

7931 S W 147 COURT

Suite, Apt. #, etc.

3. Mailing Office Address

7931 S W 147 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33193

Country

USA

Zip

33193

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida **03/13/2002**

5. FEI Number
731633427

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Julio González-Carlo

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

7931 SW 147 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33193

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

REGISTERED AGENT MUST SIGN

Date **12/02/2009**

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
P	Julio González-Carlo	7931 S W 147 COURT	MIAMI, FL 33193
V	Sofía A. González	5634 Samter Court	Tampa, FL 33611

10. E-mail Address: **jgcarlo42@gmail.com**

(To be used for future annual report notification)

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. 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.

SIGNATURE:

Julio González-Carlo

12/02/2009

305*496*2622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/2