

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P02000050586*

1. Corporation Name

The Ecyrb Corporation

FILED
05 APR 14 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

11450 ARBORSIDE BEND WAY

3. Mailing Office Address

11450 ARBORSIDE BEND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

City & State

WINDERMERE, FL

Zip

34786

Country

Zip

34786

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5-8-02

5. FEI Number

000000000

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

Willie Fisher

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

8028 Aspen Crest Ct.

500052063595

*04/26/05--01007--016 **450.00*

Suite, Apt. #, Etc.

Orlando, FL 32835

City

State

FL

Zip Code

32835

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *4-5-05*

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
<i>P</i>	<i>Ananda B Fisher</i>	<i>11450 ARBORSIDE BEND WAY WINDERMERE, FL 34786</i>	
<i>VP</i>	<i>Bryce D. Fisher</i>	<i>11450 ARBORSIDE BEND WAY</i>	<i>WINDERMERE, FL 34786</i>
<i>T</i>	<i>Paige B Fisher</i>	<i>11450 ARBORSIDE BEND WAY</i>	<i>WINDERMERE, FL 34786</i>

10. 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:

Ananda Fisher *Ananda Fisher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-05

Date

407 947-3127

Daytime Phone #