

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 31 AM 8:00

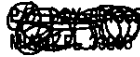
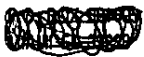
DOCUMENT # P02000070848

1. Corporation Name

ECHOES APARTMENT INC.

Principal Place of Business

Mailing Address



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.

2028 NW 141 AVE

2028 NW 141 AVE

City & State

City & State

Pembroke Pines, FL

Pembroke Pines, FL

Zip

Zip

33028

Broward

33028

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

06/27/2002

5. FEI Number

Applied For

010721422

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ISAAC, LOUIS MAX	2028 NW 141 AVE.	PEMBROKE PINES FL 33028
VPD	ALEXIS, JACKLYN	2028 NW 141 AVE.	PEMBROKE PINES FL 33028

500025868115  
12/31/03--01010--012 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALEXIS, JACKLYN  
2028 NW 141 AVE.  
PEMBROKE PINES FL 33028

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Jacklyn Alexis

REGISTERED AGENT MUST SIGN

Date

12/20/03

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:

Jacklyn Alexis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/03

Daytime Phone #

CR2E040 (7/03)

12/20/03 82

from: Echoes Apartment Inc.

This is the first notice I received  
The Corporation did not received  
the prior notice.

Thank you

Jacklyn Alexis

Registered Agent & Director

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