PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
EINSTATEMEN



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P02000089727
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1. Corporation Name

ECHELON INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

8374 MARKETST #209 BRADENTON FL 34202 8374 MARKETST #209

FILED

03 NOV 21, AA 11: 11

SECRETATY OF STATE TALLAHASSEE FLORIDA



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If above addresses are	incorrect in any way, line t	T	mation and enter correction below.	DEINICT	ATTACKT 03	
2. New Principal Office	Address, If Applicable	New Mailing Office Address, If Applicable		d gate incolorate lo Do Business i	d'or Qualified	
Suite, Apt. #, etc.	· (-	Suite, Apt. #, etc	- 6	TO Du Business ii	08/19/2002	
	M	-	AM	5. FEI Number	Applied For	_
City & State		City & State		i	Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF S	TATUS DESIRED \$8.75 Additional Fee requir	ed
7. Names and Street Ad-	dresses of Each Officer an	d/or Director (Florida	nonprofit corporations must list at	least 3 directors)		7
Title(s)	Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
D DAVIS, MAX	XIE R JR	83	74 MARKETST #209	BRA	DENTON FL 34202	7
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				0000	024949040 -01019012 **150.00	7
					024949040 -01019013 **8,75	7
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8. Nam	e and Address of Curren	Registered Agent		9. Name and Addre	ss of New Registered Agent	
			Name			୍ରି ହ
DAVIS, MAXIE R JF	}		Street Address	(P.O. Box Number is Not	Acceptable)	CR2F040 (7/03)
8374 MARKETST #	209			N	A	7
BRADENTON FL 34	1202	•	Suite, Apt. #, E	tc.	N .	10
		a -	City		State Zip Code	1
10. I, being appointed the	e registered agent of the ab	ove named corporati	on, am familiar with and accept the	obligations of Section 60	7.0505, F.S. or 617.0505, F.S.	

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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

11/15/03 9413603200

Daytime Phone #



November 15, 2003

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

To whom it may concern:

Pursuant to the instructions found in the Notice of Administrative Dissolution or Revocation that our office has received, enclosed please find a check in the amount of \$150.00, together with our Application for Reinstatement.

As Vice President of Echelon International, Inc., I want to assure your office that that we have **not** received any UBR notices, and as such, I petition the Florida Department of State to return our corporation to an "active" status without penalty.

Should you have any further questions, I may be reached anytime at 941-360-3700.

Respectfully,

Maxie R. Davis, Jr.

Echelon International, Inc.