

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -6 PM 2:23

DOCUMENT # P02000102063

1. Corporation Name

ECODATA, CORP.

200023936822  
10/20/03--01009--012 \*\*8.75  
200023936822  
10/20/03--01009--011 \*\*150.00

2. Principal Office Address

1399 NW 6TH STREET

3. Mailing Office Address

1399 NW 6TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33486

Country

USA

Zip

33486

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/20/2002

5. FEI Number

33-1022331

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

BERNARDINE, DOMINIC

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

1399 NW 6TH STREET

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33486

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

10-3-03

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
PD	BERNARDINE, DOMINIC	1399 NW 6TH STREET	BOCA RATON FL 33486

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMINIC BERNARDINE, PRESIDENT

Date

10-3-03

Daytime Phone #

954-224 0922

CR2E081 (8/01)

10-03-03

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

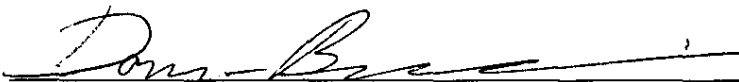
FROM: ECODATA, CORP.  
1399 NW 6<sup>th</sup> St  
Boca Raton, Fl, 33486

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT 2003 BY MAIL.

PLEASE FILE OUR REINSTATEMENT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US BY E-MAIL AT [KEYSTNRE@BELLSOUTH.NET](mailto:KEYSTNRE@BELLSOUTH.NET) OR BY PHONE: 954-224-0922

THANKS,



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DOMINIC BERNARDINE, PRESIDENT  
ECODATA, CORP.