

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 16 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000065580

1. Corporation Name

Economic Consulting Services Inc

600093729906
03/19/07--01032--025 **1050.00

W01000005818

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

PO Box 2235 1614 E. Brainerd St

3. Mailing Office Address

PO Box 2235
Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

Zip 32503
32514

Country
USA

Zip 32513

Country
USA

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4. Date Incorporated or Qualified To Do Business in Florida

07-11-2003

5. FEI Number

77-0602329

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

Richard K Harper

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

11000 University Pkwy

Suite, Apt. #, Etc.

Building 53

City

Pensacola

State

FL

Zip Code

32514

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.

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

Date 1/30/07

REGISTERED AGENT MUST SIGN

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	Richard K Harper	PO Box 2235	Pensacola FL 32513

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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 contained in Chapter 119, 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:

Richard K Harper

1/30/07

Date

850-474-2661

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR