

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000071559

1. Entity Name
ENGINEERED COMPONENT RESOURCES, INC.



Principal Place of Business
**527 LEMASTER DR
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**527 LEMASTER DR
PONTE VEDRA BEACH, FL 32082**

2. Principal Place of Business
5055 Gulf Of Mexico Dr.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Longboat Key, FL

City & State

Zip
34228

Country
USA

Zip

Country



REINSTATEMENT 05-06
04252006 REIN-P CR2E098 (11/06)

4. FEI Number
59-3213314

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CALLEN, GARY
527 LEMASTER DR
PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent

Name
Gary Callen

Street Address (P.O. Box Number is Not Acceptable)
5055 Gulf Of Mexico Drive

Longboat Key **34228**

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gary Callen* (NOTE: Registered Agent signature required when reinstating) DATE **4-27-06**

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CALLEN, GARY 527 LEMASTER DR PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Callen Gary 5055 Gulf of Mexico Drive Longboat Key, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary Callen* (912) 399-5630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
06 MAY -2 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA