PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 27 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/27/08--01046--006 **300.00

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DOCUMENT # P03000095912

1. Corporation Name

Ecua-Club Inc

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
4645 Gun Club Road		4645 Gun Club Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Bay 7A		Bay 7A	
City & State		City & State	
West Palm Beach, FL		West Palm Beach, FL	
Zip	Country	Zip	Country
33415-2859	US	33415-2859	US

REINSTATEMENT

CR2E081 (10/08)

4. Date Incorporated or Qualified To Do Business in Florida 09/03/2003

5. FEI Number 20-0212311 ☐ 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
Roger A Cardenas

Street Address (P.O. Box Number is Not Acceptable)
4645 Gun Club Road

Suite, Apt. #, Etc.
Bay 7A

City	State	Zip Code
West Palm Beach	FL	33415-285

☑ 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 October 22 2008

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	Victor Cardenas	5906 Eddy Ct	Lake Worth, FL 33463
VP	Roger A Cardenas	5906 Eddy Ct	Lake Worth, FL 33463

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: Roger A. Cardenas 10/22/2008 561-697-2288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #