

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000130481

Entity Name: ECREACTIVITY-COM, INC.

FILED
Sep 02, 2005
Secretary of State

Current Principal Place of Business:

221 MAJORCA AVE., #307
CORAL GABLES, FL 33134

New Principal Place of Business:

1550 MADRUGA AV
329
CORAL GABLES, FL 33146

Current Mailing Address:

221 MAJORCA AVE., #307
CORAL GABLES, FL 33134

New Mailing Address:

1550 MADRUGA AV
329
CORAL GABLES, FL 33146

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTES, GLADYS
221 MAJORCA AVE., #307
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MONTES, GLADYS
1550 MADRUGA AV
329
CORAL GABLES, FL 33134 US

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.

SIGNATURE: GLADYS MONTES

09/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MONTES, GLADYS
Address: 221 MAJORCA AVE., #307
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MONTES, GLADYS
Address: 1550 MADRUGA AV , SUITE 329
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Change (X) Addition
Name: MONTES, FELIX G
Address: 1550 MADRUGA AV , SUITE 329
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Change (X) Addition
Name: LOPEZ, GLADYS
Address: 1550 MADRUGA AV , SUITE 329
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLADYS MONTES

PSD

09/02/2005

Electronic Signature of Signing Officer or Director

Date