

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 AUG -8 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 804 000131055

1. Corporation Name

Ecat, Inc

REINSTATEMENT

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

19227 Autumn Woods Ave

Suite, Apt. #, etc.

3. Mailing Office Address

19227 Autumn Woods Ave CR2E081 (12/07)

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33647 USA

City & State

Tampa FL

Zip

33647 USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-20-04

5. FEI Number

201777135

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

William E Stultz II

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

19227 Autumn Woods Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

☒ 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

REGISTERED AGENT MUST SIGN

Date 8-6-08

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
S	Debra L Stultz	19227 Autumn Woods Ave	Tampa FL 33647
P	William E Stultz II	19227 Autumn Woods Ave	Tampa FL 33647

000134140990
08/08/08--01040--005 **750.00

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:

Debra L Stultz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-08

Date

813 220 5430

Daytime Phone #