2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 03, 2009
Secretary of State

DOCUMENT# P08000043324

Entity Name: ECOBEAN, INC.

Current Principal Place of Business:

501 N PINELLAS AVENUE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

434 INNESS DR
TARPON SPRINGS, FL 34689

New Mailing Address:

501 N PINELLAS AVENUE
TARPON SPRINGS, FL 34689

FEI Number: 26-2501376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAUSE, DAVID
434 INNESS DR
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

GAUSE, RACHEL P/T/S/D
109 N. GROSSE AVENUE
TARPON SPRINGS, FL 34689 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: RACHEL GAUSE 12/03/2009
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: PSTD ( ) Delete
Name: THWAITS, RACHEL
Address: 434 INNESS DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPD ( ) Delete
Name: GAUSE, DAVID
Address: 434 INNESS DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: GAUSE, RACHEL
Address: 109 N. GROSSE AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V (X) Change ( ) Addition
Name: GAUSE, DAVID
Address: 109 N. GROSSE AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RACHEL GAUSE PTSD 12/03/2009
Electronic Signature of Signing Officer or Director Date