PLEASE READ	ALL INSTRUCTIONS E	BEFORE COMPL	ETING THIS FORM.	1
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEN Katherine Harr Secretary of Sta	ris ate		,
DOCUMENT # P9200000918 (00 FEB -3 PM 2: 2	Q.
Corporation Name			00 FEB - 2 LILE F	· ·
ECO-Energy, Inc	•	}	SECRETARY OF STAT TALLAHASSEE, FLOR	ĪDA
Principal Place of Business	Mailing Address		TALLAMASSEE	
2705 Beck Lane	PO, Box 3 Brandon	3002		
Valrico, Fla. 33594		, F1. 33509		
(Hillsborough County)	,		,	
If above addresses are incorrect in any way, ine incorrect in any way, incorrect in any way, ine incorrect in any way, inc	3. New Mailing Office Address, If Ap	plicable 4. Date In	corporated or Qualified Doc P	92000 00
2705 Beck Lane Suite, Apt. #. etc.	Suite, Apt. #, etc.	002 To Do	Business in Florida 12/4/1992	*
City & State	City & State	5. FEI Nu		Applied For
Valrico, Fl. 33594	Zip Brandon Country	=1, 593	54 68 LB	Not Applicable
33594- U.S.A.	33509 U.S	P. PT.	CATE OF STATUS DESIRED	
7. Names and Street Addresses of Each Officer and/o	Street	Address of Each	5)	
Title(s) and/or Directors		er and/or Director Post Office Box Numbers)	City / State / Zip)
Press	aror Do I	33.59	TI Valina II	02/04
v. Pres	2705 Beck	3359	Fl. Valrico, Fl.	33527
C.E.O. J. Archie Ga	y 2705 Beck	Lane/Velvico, Fl.	Valrico Fli	33599
	/	(60000312846	ieê
				4001 — *1808.75
		<u>Yatene</u>	702-40	
				:
8. Name and Address of Current Registered Agent Name			nd Address of New Registered Agent	
Louise Gay 2705 Beck Lane Name Louis Street Address (P.C. 2-705			iber is Not Acceptable)	
2105 Beck take		2705 Beck Lane		
yalrico, + 1. 33397				
		Valvico		3594
10. I, being appointed the registered agent of the abov	e named corporation, am familiar with a	and accept the obligations of S		
Signature of Registered Agent	SISTERED AGENT MUST SIGN		Date 1/31/2000	2
11. This corporation owes the o	——————————————————————————————————————	· · · · · · · · · · · · · · · · · · ·	(Our other state for the	
Intangible Personal Propert		Yes 🔲 No	(See other side for info on intangible ta:	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolt owed by the corporation have been paid and the na on this application is true and accurate, and my sign	ution has been eliminated, the corporati arnes of individuals listed on this form d	e name satisfies the requirement to not qualify for an exemption	ents of section 607.0401 or 617.0401. F.S	, that all fees
SIGNATURE: X Louise	Hay, Press 40	uise Gay R	ies, /31/2000 813	65/9134
SIGNATURE AND TYPED OF PRIN	TEU NAME OF SIGNING OFFICER OR DIRE	ECTOR	Date Daytime Ph	one #

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