

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000009186**

1. Corporation Name

ECO-ENERGY INC.

Principal Place of Business

**2705 BECK LANE
VALRICO FL 33594**

Mailing Address

**P.O. BOX 3002
BRANDON FL 33509**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4301 RALEIGH ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

Zip

33619

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/1992

5. FEI Number

59-3546827

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**



REINSTATEMENT 01

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	GAY, LOUISE	2705 BECK LANE	VALRICO FL 33594
VP	GAY, J. A CEO	2705 BECK LANE	VALRICO FL 33594
			900004740089--1 -12/26/01--01105--020 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

**GAY, LOUISE
2705 BECK LANE
VALRICO FL 33594**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Louise Gay
REGISTERED AGENT MUST SIGN

Date

12/12/01

11. 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 under section 119.07(3)(i), 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:

SIGNATURE REQUIRED
Louise Gay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/01

Daytime Phone #

813.651-9134

CR2E040 (8/01)