

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # PA3000075466
1. Corporation Name
Erich Eckart, Inc.

99 APR 26 PM 3:08

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

1928 Quaker Ridge Road 1928 Quaker Ridge Road
Green Cove Sprgs, FL 32043 Green Cove Sprgs, FL 32043

REINSTATEMENT 97-99

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/1/93	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3381595	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/S/T/D	Erich Eckart	4535 Huntington Road	Jacksonville, FL 32210

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Erich Eckart
1928 Quaker Ridge Road
Green Cove Springs, FL 32043

Jeffrey R. Ludwig, P.A.
Street Address (P.O. Box Number is Not Acceptable)
6620 Southpoint Drive South, Suite 200
Suite, Apt. #, Etc.

City
Jacksonville
State
FL Zip Code
32216

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
Jeffrey R. Ludwig
(REGISTERED AGENT MUST SIGN)

Date: **4-23-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax)

12. 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 607.02(1) 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 607.02(1)(b), 617.0401(3)(b), 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: *Erich Eckart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99

904-389-9972
Daytime Phone #

CR208*12-981