

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P94000008912**

97 JAN 15 AM 8:34

1. Corporation Name

ECOFLOW PRODUCTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

304 E 4TH STREET
ORLANDO FL 32824
US

P. O. BOX 561229
ORLANDO FL 32856
US



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

2. New Principal Office Address, If Applicable

9526 Sidney Hayes Rd.

3. New Mailing Office Address, If Applicable

P.O. Box 620397

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32824

Country

USA

Zip

32862

Country

USA

REINSTATEMENT 96

Date Incorporated or Qualified
To Do Business in Florida

02/03/1994

5. FEI Number

59-3233338

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
PD	FULMER, MACK	1326 WINDSONG-- 9526 Sidney Hayes Road	ORLANDO FL Orlando, FL 32824
V	FULMER, MARGARET ANN	1120 WINDSONG RD	ORLANDO FL
V	FULMER, CASSANDRA D	1120 WINDSONG RD	ORLANDO FL
ST	LUCKNER, L. R.	909 SWEETBRIAR RD.	ORLANDO FL
D STD	BUCKNER, L. ROBERT	9526 SYDNEY HAYES ROAD	ORLANDO FL 32824
D	CUMBEE, ALAN	9526 SYDNEY HAYES ROAD	ORLANDO FL 32824

8. Name and Address of Current Registered Agent

HARRIS, MARSHALL S
255 SOUTH ORANGE AVENUE
SUITE 800
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

Mack Fulmer

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

9526 Sidney Hayes Road

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32824

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

Mack Fulmer

Date **1-10-97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

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 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:

ABC

Alan B. Cumbee, Director

12/30/96

407-859-4114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/96)