

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF REVENUE
Sandra J. Moorman
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV -3 PM 5:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000008912

1. Corporation Name

ECOFLOW PRODUCTS, INC.

Principal Place of Business

Mailing Address

8526 SIDNEY HAYES RD.
ORLANDO FL 32824
US

P.O. BOX 620397
ORLANDO FL 32862
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. 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	9526 SIDNEY HAYES RD.	ORLANDO FL 32824
D	BUCKNER, L. ROBERT	9526 SYDNEY HAYES ROAD	ORLANDO FL 32824
D	CUMBEE, ALAN	9526 SYDNEY HAYES ROAD	ORLANDO FL 32824

3000002340533--2

11/06/97-01089-010

***165.00 ***165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FULMER, MACK
9526 SIDNEY HAYES RD.
ORLANDO FL 32824

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

Mack Fulmer

REGISTERED AGENT MUST SIGN

Date 10-30-97

11. This corporation owes or has paid 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 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:

Mack Fulmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-30-97

Daytime Phone #

407.850.1114

CR2040 (8/97)

②

ECOFLOW PRODUCTS, INC.

Post Office Box 620397
Orlando, Florida 32862
Tel: (800) 246-0722
Fax: (407) 859-3751

30 October 1997

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Attention: Reinstatement Section

Dear Sir or Madame:

We received this week a Notice of Administrative Dissolution or Revocation for our filing of Ecoflow Products, Inc. Please be informed that we did not receive any report form to file with you this year.

Per the instructions of your office, we are enclosing the reinstatement form and a check in the amount of \$165.00.

Thank you for your assistance in processing this filing.

Yours truly,



Alan B. Cumbee
Vice President

Enclosures