

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

AND  
FILED

1997 NOV 12 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060986

1. Corporation Name

EARTH CONCEPTS, INC.

Principal Place of Business

1110 DOUGLAS AVE.  
STE. 1040  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

1110 DOUGLAS AVE.  
STE. 1040  
ALTAMONTE SPRINGS FL 32714  
US

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

2. New Principal Office Address, If Applicable

719 PEACHTREE ROAD  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/15/1994

5. FEI Number

59-3274810

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip                         |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------|
| V             | LANDWIRTH, HENRI                          | 5401 KIRKMAN RD., STE. 300                                                                     | ORLANDO FL 32814                                |
| P             | WILLIAM, HIRES E JR.                      | 1873 ARLINGTON COURT<br>705 PEACHTREE ROAD                                                     | LONGWOOD FL 32719<br>ORLANDO, FLA 32809         |
| ST            | DUCLOS, WILLIAM J                         | 364 WOODSTEAD CIRCLE                                                                           | LONGWOOD FL 32719                               |
| D             | KRAMER, SCOTT                             | 642 NORTH BRIDGE DR.<br>1714 LAKESIDE DRIVE                                                    | ALTAMONTE SPRINGS FL 32714<br>ORLANDO, FL 32803 |
|               |                                           |                                                                                                |                                                 |
|               |                                           |                                                                                                |                                                 |

REINSTATEMENT

8. Name and Address of Current Registered Agent

HIRES, WILLIAM E JR.  
1873 ARLINGTON COURT  
LONGWOOD FL 32719  
705 Peachtree Road  
ORLANDO, FL 32809

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number, If Applicable)  
Suite, Apt. #, Etc.  
City  
State  
Zip Code

5000000848115--8  
--11/14/97--01109--012  
\*\*\*\*750.00 \*\*\*\*750.00  
FL

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 William E. Hires Jr.  
REGISTERED AGENT MUST SIGN

Date 11/9/97

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:

SCOTT KRAMER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/97  
Date

407-206-2249  
Daytime Phone #

CR2E040 (8/97)