

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAR 26 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015883

1. Corporation Name

ECO-RX, INC.

Principal Place of Business

Mailing Address

2051 N.E. 191ST DRIVE
NORTH MIAMI BEACH FL 33179

2051 N.E. 191ST DRIVE
NORTH MIAMI BEACH FL 33179

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

02/27/1995

5. FEI Number

65-0569329

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	4 City / State / Zip
CD	NELSON, JERRY	68 ZACHARIAN PL	WARWICK RI 02889
VPE	JOSEPH M. PEIKEN	2051 NE 191ST DR	NORTH MIAMI BEACH FL
VPSM	NELSON, ROGER	103 LAWLOR DR	TOLLAND CT 06084 TOLLAND
PD	PAUL TACCINI	183 LELAND ROAD	BREWSTER, MA 02631 400003912514-7 -03/27/01--01087--001 ****952.50 ****908.75 LS

8. Name and Address of Current Registered Agent

PEIKEN, JOSEPH M
2051 N.E. 191ST DRIVE
NORTH MIAMI BEACH FL 33179

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

Joseph M. Peiken
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

3/8/01

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:

Joseph M. Peiken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01
Date

305937186
Daytime Phone #

CR2E040 (8/00)