## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

## **APPLICATION FOR** REINSTATEMENT DOCUMENT # i Corporation Name Principal Place of Business

## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

P95000065571

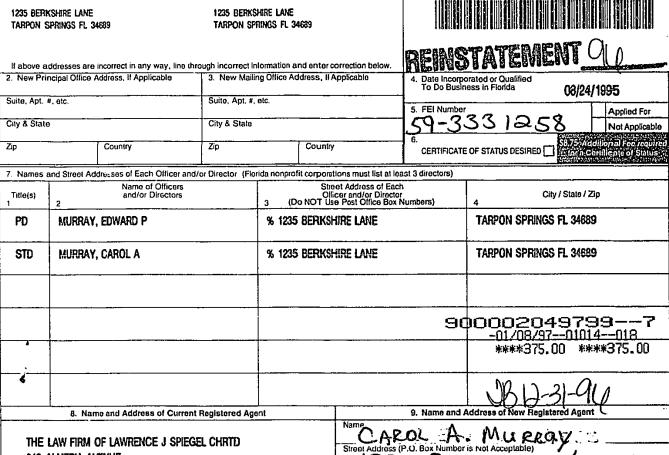
E & C ENTERPRISES OF TAMPA, INC.

Mailing Address

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



343 ALMERIA AVENUE **CORAL GABLES FL 33134**  BERKSHIRE

TARPON --- the obligation

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations

a murel DUIRED REGISTERED AGENT MUST SIGN

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

Yes L No 🔀

(Sea other side for information

12. I certify that I am an efficer 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 filling 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: