PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 17 AM 11:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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REINSTATEMENT 99-03

1. Corporation Name
ECO Resources, Inc.

2. Principal Office Address		3. Mailing Office Address	
5300 Lee Boulevard		5300 Lee Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
n/a		n/a	
City & State		City & State	
Lehigh Acres, Florida		Lehigh Acres, Florida	
Zip	Country	Zip	Country
33971	USA	33971	USA

4. Date Incorporated or Qualified To Do Business in Florida: March 19, 1996

5. FEI Number: 650653912 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Paula F. McQueen

Street Address (P.O. Box Number is Not Acceptable): 5320 Lee Boulevard

Suite, Apt. #, Etc.: n/a

City: Lehigh Acres | State: FL | Zip Code: 33971

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Paula F McQueen — REGISTERED AGENT MUST SIGN — Date: November 14, 2003

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	Robert M. McQueen	260304 Shore Drive	Punta Gorda, Florida 33950
V/S	Paula F. McQueen	260304 Shore Drive	Punta Gorda, Florida 33950

10. 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: Paula F McQueen — Vice President — 11/14/03 — (239) 872-0292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #