

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000035015

1. Corporation Name

ECHES INC.

Principal Place of Business

ORANGE CITY HESS
1910 S VOLUSIA AVE
ORANGE CITY FL 32763
US

Mailing Address

ORANGE CITY HESS
1910 S VOLUSIA AVE
ORANGE CITY FL 32763
US

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

2. New Principal Office Address, If Applicable

3419 SILVER STAR RD

Suite, Apt. #, etc.

City & State ORLANDO FL

Zip 32808 Country USA

3. New Mailing Office Address, If Applicable

3419 SILVER STAR RD

Suite, Apt. #, etc.

City & State ORLANDO FL

Zip 32808 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1996

SP

5. FEI Number

65-0662754

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RAMANI, SHAU KAT	101 GRAND PLAZA DR M-1 5548 Metro West Blvd	ORANGE CITY FL 32763 ORLANDO FL 32811
D	RAMANI, HASANAD	101 GRAND PLAZA DR M-1 5548 Metro West Blvd	ORANGE CITY FL 32763 ORLANDO FL 32811

700003471267--2
-11/20/00--01151--001
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KARIM, ALTAF
100 RANDON TERRACE
LAKE MARY FL 32746

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAU KAT RAMANI

102500

Date

4075215311

Daytime Phone #