PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT
DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P96000069080
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1. Corporation Name

ENERGY CONSERVATION ALLIES MANAGEMENT, FLORIDA, INC.

FILED

98 FEB 23 AM 11:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

INC.		•	·	TALL.	AHASSEE, FLO	RIDA		
Principal Place of Business 3136 VIRGINIA ST MIAMI FL	S VIRGINIA ST 9136 VIRGINIA ST							
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 4757 Fonce Le Hari Grad Fable 5. Suite, Apt. #, etc. 9.0. Box 331066			4. Date incorporated or Qualified To Do Business in Florida 08/16/1996 5. FEI Number					
City & State COLONUT GROVE, FL	P.O. BOX 331066 City & State COLONUT GROVE, FI		·	65-0	65-0701049 Not A		Applied For Not Applicable	
Zip 3S133 Country USA 7. Names and Street Addresses of Each Officer and	Zip 33133	Counto US A		<u>[</u>	E OF STATUS DESIRED [for a Cer	tificate of Status	
Title(s) 2 Name of Officers and/or Directors	Jiroda (Viole	Stre	eet Address of Each icer and/or Director se Post Office Box N	1	4	City / State / Zip		
P NORMAN CANTER 2843 So			H BAYSHORE	#4A	COLONUT GRI	ONE, FL	33133	
7				Oi	00024 -02/26/9 ****900 00024 -02/26/9	801087 .00 *** 418 3 801087	?018 **900.00 !O3 ?019	
8. Name and Address of Current	Registered Agen	t	Name (Address #116# Nega	stefed Agent	**************************************	
KAUFFMAN, ALAN C 5355 TOWN CENTER RD, SUITE 301 BOCA RATON FL 33486			KOS KOT Street Address (F 19544 EA Suite, Apt. #, Etc. City	3.O. Box Number	is Not Acceptable) RY CLUB DRING	State Zip C		
10. I, being appointed the registered agent of the ab Signature of Registered Agent	ove named corpora	·			Ion 607.0505, F.S. Date 1-9-9			
 This corporation owes or h Intangible Personal Proper 			ar Yes 🗌	No 🗹		ther side for info on intangible ta		
12. I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my s	olution has been e names of individua	liminated, the corporals listed on this form	rate name satisfies n do not qualify for	the requirements an exemption un	of section 607.0401 or der section 119.07(3)(i)	617.0401, F.S	., that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PI	INTED NAME OF SI	GNING OFFICER OR D	PIRECTOR	4-11-	Date Date	Daytime Pt	ione #	