

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000020688

**FILED
Oct 21, 2004
Secretary of State**

Entity Name: EKONO INSURANCE MULTI SERVICE INC.

Current Principal Place of Business:

11626 N.E. 2ND AVENUE
MIAMI, FL 33168

New Principal Place of Business:

11626 N.E. 2ND AVENUE
MIAMI, FL 33161

Current Mailing Address:

11626 N.E. 2ND AVENUE
MIAMI, FL 33168

New Mailing Address:

11626 N.E. 2ND AVENUE
MIAMI, FL 33161

FEI Number: 65-0732904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANILUS, GESNER
19220 N.W. 6TH AVENUE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

ANILUS, GESNER
844 NANDINA DRIVE
WESTON, FL 33327 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GESNER ANILUS

10/21/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANILUS, GEESNER
Address: 844 NANDINA DR
City-St-Zip: WESTON, FL 33327

Title: SVD () Delete
Name: ANILUS, MONA
Address: 844 NANDINA DR
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANILUS, GESNER
Address: 844 NANDINA DR
City-St-Zip: WESTON, FL 33327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GESNER ANILUS

PD

10/21/2004

Electronic Signature of Signing Officer or Director

Date