## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P97000020688

Entity Name: EKONO INSURANCE MULTI SERVICE INC

FILED Oct 04, 2007 Secretary of State

y	iici Enorio	THOSE WOLLT OLIVE	L 1140.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11626 N.E MIAMI, FL	. 2ND AVENI 33161	JE			
Current M	ailing Addre	ess:	New Mailing Addres	New Mailing Address:	
11626 N.E MIAMI, FL	. 2ND AVENI 33161	JE			
FEI Number:	65-0732904	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ANILUS, G 844 NAND WESTON,	INA DRIVE	US			
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: GASNE	R ANILUS			
	Electro	onic Signature of Registered A	gent	Date	
		193(2)(b), F.S., the corporation did r ng Trust Fund Contribution ( ).	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ANILUS, GES 844 NANDINA WESTON, FL	A DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SVD ( ANILUS, MON 844 NANDINA WESTON, FL	N DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GASNER ANILUS AGEN 10/04/2007