	PLEASE READ	ALL INSTR	UCTIONS BEFORE	COMPLETI	NG THIS FORM.
		Se	cretary of State		
S15 North Flagler Dr. CR2E081 (1/07) Sink, Apr. 4 etc. Suite, Apr. 4 etc. Soute, Apr. 4 etc. Interview of Counting West Palm Beach, FL Cry 4 State 233401 Counting The manual Address of Counting App. Counting Briffian T. Scher State and Address of Counting Briffian T. Scher Interview of Briffian T. Scher Briffian T. Scher Interview of Briffian T. Scher Briffian T. Scher State and Address of Counting Briffian T. Scher State and Statement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking the resistance of Briffian T. Scher B. harms and Street Addresse of Each Officer and/or Director (Florida nonprofit corporations must tai tait at all director) Date Record Freet Director Street Address of Each Officer and/or Director Cay / State / Zip PVD Brian T. Scher Street Address of Each Officer of directors of the pr	1. Corporation Name		E.COM, INC.	~	, politike og state Allandssee, florida
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Circumstances which the entity did not receive Site A solution of the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Site 332405e Site 34206 Site 332406e Site 34206 Site 3	7. Name and Address	of Current Register	red Agent		
Steel 332609e Steel 300000000000000000000000000000000000	Street Address (P.D. Box Number is Not Acceptable) 515 North Flagler Dr.			 circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement 	
8. I, being appointed the registered agent of the above name corporation, in familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Bate 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Directors 9. Names of Officer and/or Directors Officer and/or Directors 9. Name of Officers and/or Directors Officer and/or Directors 9. Difficer and/or Directors Officer and/or Director 9. City / State / Zip PVD 9. Directors 0.102 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 flas fore-a climinated, the corporate name satisfies the requirements of section 607.0617, F.S. I further certify that at least or for or 617, F.S. I further certify that at least or for or 617, F.S. I further certify that at least or for or 617, F.S. I further certify that at least or for or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution flas fore-a climinated, the corporate name satisfies the requirements of section 607 or 617, F.S. I further certify that at least or further and more and indicated on this application is true and rectar and may further shall these the same legal effect as if made under or attribute. Brian T. Scher	West Palm Beach				
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip PVD Brian T. Scher 515 North Flagler Dr., Ste. 802 West Palm Beach, FL 33401 12.71 11.11 12.71 11.11 12.71 11.11 12.71 11.11 12.71 11.11 12.71 11.11 12.71 11.11 12.71 11.11 12.71 11.11 12.71 11.11 12.71 11.11 12.71 11.11 12.71 11.11 12.71 11.21 12.71 11.21 12.71 11.21 12.71 11.21 12.71 11.21 12.71 11.21 12.71 11.21 12.71 11.21 12.71 11.21 12.71 11.21 12.71 11.21 12.71 11.21 12.71 11.21 12.71 11.21 12.71 11.21 13.75 14.75 14.75 14.75 14.75 11.81 11.85 11.21 15.75 11.5	Signature of Registered Agent	X		obligations of section	
Officers and/or Directors Officer and/or Director City / State / 2/p PVD Brian T. Scher 515 North Flagler Dr., Ste. 802 West Palm Beach, FL 33401 12 12 11 13 15 12 12 11 13 15 10 12 12 12 12 10 12 12 12 12 11 12 12 12 12	9. Names and Street Addresses of Each Officer a	nd/or Director (Florid	da nonprofit corporations must list at l	east 3 directors)	
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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 contained in Chapter 119, 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 Brian T. Scher	PVD Brian T. Scher		515 North Flagler Dr.	, Ste. 802	West Palm Beach, FL 33401
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