

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000029813**

1. Corporation Name

ECLECTICA, INC.

2. Principal Office Address

313 1/2 WORTH AVE.

3. Mailing Office Address

313 1/2 WORTH AVE.

Suite, Apt. #, etc.

SUITE B-7

Suite, Apt. #, etc.

SUITE B-7

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

Zip

33480

Country

PALM BEACH

Zip

33480

Country

PALM BEACH

900008867069
11/07/02--01053--018 **900.00
REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 1, 1998

5. FEI Number

65-0839891

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID P. GABLES

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

5700 LAKE WORTH ROAD

Suite, Apt. #, Etc.

SUITE 206

City

LAKE WORTH

State

FL

Zip Code

33463

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature of David P. Gables]

REGISTERED AGENT MUST SIGN

Date **OCTOBER 8, 2002**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	JERRY L. KING	7351 OAK TREE LANE	WEST PALM BEACH, FL 33409
V/D	RAFAEL C. DURAND	7351 OAK TREE LANE	WEST PALM BEACH, FL 33409

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 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 of Jerry L. King]

JERRY L. KING PRES

10/11/02

Date

561-831-9678

Daytime Phone #

CR2E081 (9/01)