


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000073849 1. Entity Name ECO - TEK LUXURY HOMES INC.			
Principal Place of Business ECO-LEK LUXURY HOMES 205 S. COCONUT LN. MIAMI BEACH, FL 33139		Mailing Address ECO-LEK LUXURY HOMES 265 S. COCONUT LN. MIAMI BEACH, FL 33139	
2. Principal Place of Business 106 W 4th Ct Suite, Apt. #, etc. Hibiscus Island City & State Miami Beach, Fla Zip 33139 Country DADE		3. Mailing Address 106 W 4th Ct Suite, Apt. #, etc. Hibiscus Island City & State Miami Beach, Fla Zip 33139 Country DADE	
4. FEI Number 65-0885028		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATERNOK, ZEV 35 NE 40TH STREET SUITE 9-Z MIAMI, FL 33137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>[Signature]</i></u> PIA 9/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P STANBURY, JAN <input type="checkbox"/> Delete	TITLE	<div style="border: 1px solid black; padding: 2px;"> 8000602993198 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/06/05--01043--006 **158.75 </div>
STREET ADDRESS	265 S. COCONUT LANE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWDY, DOUGLAS A	NAME	
STREET ADDRESS	8037 STIRRUP CAY COURT	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33636	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	T. Roberts
STREET ADDRESS		STREET ADDRESS	OCT 07/2005
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9/30/05 (305) 532-2410 <small>Date Daytime Phone #</small>	

FILED
05 OCT -6 AM 11:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



09302005 REIN-P CR2E098 (6/04)

REINSTATEMENT