

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000054858

1. Corporation Name

THE ECHELON ONE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

226 N. DUVAL ST.  
TALLAHASSEE FL 32301

226 N. DUVAL ST.  
TALLAHASSEE FL 32301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/16/1999

~~P.O. Box 13633~~  
Suite, Apt. #, etc.

~~P.O. Box 13633~~  
Suite, Apt. #, etc.

5. FEI Number

Applied For

59-3597781

Not Applicable

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

Zip Country  
32317 USA

Zip Country  
32317 USA

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	RUDNICK, JAMES M	226 N. DUVAL ST.	TALLAHASSEE FL 32301

500003457965--1  
-11/03/00--01011--018  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LINDSEY, WM. SCOTT  
1407 PIEDMONT DR., EAST  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# Rudnick Development

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October 23, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Application for Reinstatement  
Echelon One of Florida  
P99000054858

To Whom It May Concern:

Enclosed please find the Application for Reinstatement for The Echelon One of Florida, Inc. The annual report was not filed in a timely maner due to an incorrect address. We never received the forms to file. Please note the change of address. Enclosed please find a check in the amount of \$150.00 to file this application.

If you should have any questions concering the enclosed, please call.

Sincerely,



James M. Rudnick  
Owner