

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 14 PM 1:23

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000104244

1. Corporation Name

ECR SYSTEMS INTERNATIONAL CORPORATION

REINSTATEMENT 03-08

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

217 SALISBURY CIRCLE

Suite, Apt. #, etc.

City & State

BIRMINGHAM, AL

Zip

35242

Country

USA

3. Mailing Office Address

217 SALISBURY CIRCLE

Suite, Apt. #, etc.

City & State

BIRMINGHAM, AL

Zip

35242

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 11/29/99

5. FEI Number

59-3626980

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

JOHN S. VANDERLYN, CPA

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

3500 NW BOCA RATON BLVD.

Suite, Apt. #, Etc.

905

City

BOCA RATON

State

FL

Zip Code

33431

☐ The reinstatement 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 were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10/07/08

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	GRUESCHOW, JOERG	217 SALISBURY CIRCLE	BIRMINGHAM, AL, 35242
VP	GRUESCHOW, KATHLEEN	217 SALISBURY CIRCLE	BIRMINGHAM, AL, 35242

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: X

JOERG GRUESCHOW

X 10-11-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

205-437-

9352