

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 -5 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

REINSTATEMENT 2000

DOCUMENT # P99000110525

1. Corporation Name
eCircuit, Inc.

Principal Place of Business
134 Island View Drive
Satellite Beach, FL
32937

Mailing Address
134 Island View Drive
Satellite Beach, FL
32937

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

2. New Principal Office Address, If Applicable 100 N. Babcock Street		3. New Mailing Office Address, If Applicable 100 N. Babcock Street	
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3	
City & State Melbourne, Florida		City & State Melbourne, Florida	
Zip 32935	Country USA	Zip 32935	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/23/99	
5. FEI Number 59-3615161	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/ T/D	Tony Szpendyk	134 Island View Drive	Satellite Beach, FL 32937

200003456352--6
-11/07/00-01134-016
***750.00 ***750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
James H. Richey, Esquire 1600 Sarno Road, Suite 4 Melbourne, FL 32935	Name Victor S. Kostro Street Address (P.O. Box Number is Not Acceptable) 1825 Riverview Drive Suite, Apt. #, Etc. City Melbourne State FL Zip Code 32901

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 Victor S. Kostro Date 10/04/00

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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]* 10/04/00 (321) 259-1170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #