PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. P94 582

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -6 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S60900

REINSTATEMENT 03-04

1. Corporation Name
Ecume, Inc
219 Whitehead St.
Key West, Fl. 33040

2. Principal Office Address	**3.** Mailing Office Address
219 Whitehead St.	same.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key West, Fl.	City & State
Zip 33040 Country Monroe	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 6/17/1991

5. FEI Number 65-0276715 ☐ 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: Michelle Clauson

Street Address (P.O. Box Number is Not Acceptable): 1023 Catherine St.

Suite, Apt. #, Etc.:

000035720880
05/06/04--01067--001 **300.00

City: Key West | State: FL | Zip Code: 33040

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: Michelle Clauson Date: 4/29/04
REGISTERED AGENT MUST SIGN

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
Pres	Kim Harriss	1308 Reynolds St.	Key West, Fl. 33040

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: Kim Harriss 4/29/04 (305) 293-0897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Ecume Inc
219 Whitehead St
Key West, Fl. 33040

The annual filing report for Ecume Inc was never received in 2003.

Please find enclosed $150 annual filing fee with attached reinstatement application and $150 for current year filing.