

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 22 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **364022**

1. Corporation Name

CECO INC.

W02000004053

100005064801--2

-03/07/02--01061--017

***1715.00 ***1715.00

03-02 UB

2. Principal Office Address

321 N. Congress Ave

3. Mailing Office Address

321 N. Congress Ave

Suite, Apt. #, etc.

Suite #104

Suite, Apt. #, etc.

Suite #104

City & State

DELRAY BEACH

City & State

DELRAY BEACH

Zip

33445

Country

PALM BEACH

Zip

33445

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

7/1991

5. FEI Number

65-0274935

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

EDWIN TICHENOR

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

321 N. Congress Ave.

Suite, Apt. #, Etc.

#104

City

DELRAY BEACH

State

FL

Zip Code

33445

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

[Signature]

Date

2-1-02

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.	EDWIN TICHENOR	321 N. Congress Ave	DELRAY BEACH FL 33445

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

2-1-02

Daytime Phone #

561 265-1111

CR2E001(9/01)

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CARIBBEAN DECORATING CENTERS

321 North Congress Avenue
Delray Beach, FL 33445
(561) 265-1111 * Fax 265-0506

2-4-02

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: CECO, INC 564022

Attached is our check for 1215⁰⁰
for Corporate reinstatement. This
dollar amount was provided to us
during a telephone call w/ your staff.

The Lakeshore Drive, Lake Park
address was only used for one year
and we received no correspondence

from the state even though the
Delray Beach address has always
been our primary/only location.

Sincerely,
E. J. [Signature]