

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 WBR**

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
<b>PRES.</b>	<b>EDWIN TICHENOR</b>	<b>321 N. Congress Ave</b>	<b>DELRAY BEACH FL 33445</b>

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 1215<sup>00</sup>  
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]