

01/30/87

16:34

NO. 142

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Monham Secretary of State DIVISION OF CORPORATIONS		H97000001820																																					
DOCUMENT # S70946																																									
1. Corporation Name EEC INVESTMENTS, INC.																																									
Principal Place of Business Mailing Address 3851 NW 145 St. Opa Locka, FL 33054																																									
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																									
2. New Principal Office Address, If Applicable 3990 NW 132nd St. Suite, Apt. #, etc. City & State Opa Locka, FL 33054 Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 08/01/1991 5. FEI Number 65-1293570 6. CERTIFICATE OF STATUS DESIRED ☒ SR 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)																																									
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Title(s)</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr><tr><td style="text-align: center;">P</td><td>Enrique Esme</td><td>3990 NW 145 St.</td><td>Opa Locka, FL 33054</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	1	2	3	4	P	Enrique Esme	3990 NW 145 St.	Opa Locka, FL 33054																								
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REINSTATEMENT 95-97 SCC 1-3097																																									
8. Name and Address of Current Registered Agent Enrique Esme 3851 NW 145 St. Opa Locka, FL 33054			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3990 NW 132 St. Suite, Apt. #, Etc. City State Zip Code Opa Locka, FL FL 33054																																						
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.																																									
Signature of Registered Agent  Date 1/30/97 REGISTERED AGENT MUST SIGN																																									
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)																																									
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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 major or dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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:  1/30/97 (305) 769-0091 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																									

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1/30/97

FLORIDA DIVISION OF CORPORATIONS
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((H97000001820 4))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: FAB-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: EEC INVESTMENTS, INC.

AUDIT NUMBER.....H97000001820

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS...1

PAGES..... 1

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