

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 FEB 13 PM 2:50

FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **512836**

1. Corporation Name  
**E.T. INCORPORATED**

Principal Place of Business - Mailing Address  
 2091 N.W. 139TH ST. 2091 N.W. 139TH ST.  
 D/B/A ELECTRICAL TECHNIQUES D/B/A ELECTRICAL TECHNIQUES  
 OPA LOCKA FL 33054 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 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida **09/22/1976**

5. FEI Number **59-1733157** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip                             |
|----------|-----------------------------------|--|--|
| STD      | SCHREIDELL, SIDNEY F.             | 12851 STIRLING ROAD<br>2091 NW 139 St.         | FT LAUDERDALE, FL 00000<br>Opa Locka, Fl 33054 |
| PD       | FINNEGAN, PETER J.                | 2091 N.W. 139 ST.                              | OPA LOCKA FL                                   |
|          |                                   |  | 100012388891<br>02/12/03--01057--001 **900.00  |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETER J. FINNEGAN  
 2091 N.W. 139 ST.  
 OPA LOCKA FL 33054

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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. or 617.0505, F.S.

Peter J. Finnegan RA

Signature of Registered Agent *Peter J. Finnegan* REGISTERED AGENT MUST SIGN

Date **2/10/03**

11. 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: *Sidney F. Schreidell* 2-10-03 305 685 0396  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)