

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JAN -3 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F02000003839**

**1. Corporation Name**

Ettain Group, Inc.

**2. Principal Office Address**

127 W. Worthington Avenue

Suite, Apt. #, etc.

Suite 100

City & State

Charlotte, NC

Zip

28203

Country

USA

**3. Mailing Office Address**

127 W. Worthington Avenue

Suite, Apt. #, etc.

Suite 100

City & State

Charlotte, NC

Zip

28203

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida July 26, 2002

**5. FEI Number**

32-0006354

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

Jeff Green

Street Address (P.O. Box Number Is Not Acceptable)  
9432 Baymeadows Road

Suite, Apt. #, Etc.

Suite 210

City

Jacksonville

State

FL

Zip Code

32256

**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

12-7-04

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
P/T/D	Brian D. Deblitz	127 W. Worthington Ave.	Charlotte, NC 28203
V/S	Robert A. Eubank	127 W. Worthington Ave.	Charlotte, NC 28203
D	Karl Deblitz	127 W. Worthington Ave.	Charlotte, NC 28203

**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:

*B-D-Deblitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-7-04 704-731-8005

Daytime Phone #

CR2001 (01/04)