

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 OCT 23 PM 1:22

DOCUMENT # **F98000004795**

1. Corporation Name

ENRICHMENT TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

14040 SCHULTZ RD
 FT. MYERS FL 33908

14040 SCHULTZ RD
 FT. MYERS FL 33908



REINSTATEMENT 03

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

4. Date Incorporated or Qualified To Do Business in Florida

08/24/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-3660461

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CPST	PARSONS, BARBARA	14040 SCHULTZ RD	FT. MYERS FL 33908

900024055059
 10/23/03--01078--017 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARSONS, BARBARA
 14040 SCHULTZ ROAD
 FT. MYERS FL 33908

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.

Signature of Registered Agent Barbara Parsons
 REGISTERED AGENT MUST SIGN

Date 10/21/03

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: Barbara Parsons
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/21/03 Daytime Phone # 10/18

CRE040 (7/03)

2/2

October 20, 2003

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Name: Enrichment Technologies, Inc.
Document # F98000004795

FEI # 36-3660461

Please be advised that we did not receive the initial invoice for our annual Corporation filing.

We are enclosing a check for \$150.00 plus \$8.75 for a Certificate of Status to cover this charge as per your phone recording.

If you have any questions, please feel free to contact me at 239-454-8533.

Thank you,

Barbara Parsons
14040 Schultz Rd.
Fort Myers, FL 33908