

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC 28 PM 12:04

DOCUMENT # **P00000047917**

1. Corporation Name  
**T ELECTRONICS, INC.**

Principal Place of Business      Mailing Address

8720 SW S.R. 200. #3      8720 SW S.R. 200. #3  
 Ocala FL 34481      Ocala FL 34481



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

4. Date Incorporated or Qualified To Do Business in Florida      **05/10/2000**

5. FEI Number       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
D	VOISINET, ANTHONY V SR.	175 NW 133 COURT	OCALA FL 34482

000004744530--9  
 -12/31/01--01040--015  
 \*\*\*\*150.00 \*\*\*\*150.00

*[Handwritten Signature]*

8. Name and Address of Current Registered Agent

**BISHOP, W. E. JR.**  
 7743 SW S.R. 200  
 Ocala FL 34476

9. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

Suite, Apt. #, Etc. \_\_\_\_\_

City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

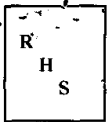
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent \_\_\_\_\_ **REGISTERED AGENT MUST SIGN** \_\_\_\_\_ Date \_\_\_\_\_

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: *[Handwritten Signature]* **ANTHONY V. VOISINET SR.** 12/21/01 (352) 861-2550  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E040 (8/01)



**Robert H. Schoepf, P.A.**  
*Certified Public Accountant*

2052

**2508 N. E. 8<sup>th</sup> Lane**  
**Ocala, Florida 34470**

November 12, 2001

Florida Department of State  
Katherine Harris  
Secretary of State  
Divisions of Corporations  
Annual Report/ Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: T-Electronics, Inc.  
P00000047917

Dear Ms. Harris & to whom this may apply;

Enclosed is a notice of administrative dissolution or revocation on the above stated company and a check in the amount of \$150.00 payable to the Department of State.

The taxpayer incorporated in the year 2000, so this Annual Report was the first report due by this corporation. The sole shareholder was unfamiliar with this fee beforehand, this not being the cause for not timely filing but rather the fact that the taxpayer never received the original UBR which was due by May 2001. We're not sure whether you mailed the report at all or whether the local postal service failed to deliver it properly.

The fact that the taxpayer received this second notice is not proof that he received the first. It is proof of the taxpayers shock that the state could penalize him for something that was caused by the state or the postal service and through no either action or inaction of his own.

We now ask that you accept this payment in full satisfaction and that you reexamine the method in which notice is given originally to the fee due.

Thank you in advance for your cooperation and expect a positive reply to the above request.

Sincerely,

Robert H. Schoepf, P.A.

rhs/mb

Phone Number: (352) 402-9950 - Fax Number: (352) 402-0599