

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 JAN 30 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 379457

1. Corporation Name
ET + D ENTERPRISES INC

Principal Place of Business Mailing Address
321 VILLAGE DRIVE
ST. AUGUSTINE, FL. 32095

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 1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1346517	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	City, State, Zip
P(6)	TERRY RICHARDSON	11 OAK AVE ST. AUG FL	ST. AUGUSTINE FL 32095
V.P(6)	DIMITY WEBSTER	321 VILLAGE DRIVE	ST. AUGUSTINE FL 32095
T(6)	SCOTT SINGLETON	11 OAK AVENUE	ST. AUGUSTINE, FL 32095
S(6)	WAYNE WEBSTER	321 VILLAGE DRIVE	ST. AUGUSTINE FL 32095
REINSTATEMENT			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name SCOTT SINGLETON	
Street Address (P.O. Box Number is Not Acceptable) 11 OAK AVE	
Suite, Apt. #, Etc.	
City ST AUGUSTINE	State FL Zip Code 32095

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 <i>[Signature]</i>	Date 1/28/97
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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 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: <i>[Signature]</i> TERRY RICHARDSON	Date 1/28/97	Daytime Phone # 904-829-6756
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CP2E040 (1/2/96)