

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 414103

FILED
Oct 27, 2008
Secretary of State

Entity Name: ELECTRO TAPE SPECIALTIES, INC.

Current Principal Place of Business:

13221 BYRD DRIVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

13221 BYRD DRIVE
P.O. BOX 1014
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-1444421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ROBERT H.
16750 GULF BLVD #211B
NORTH REDINGTON BEACH, FL 33708 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT H. MILLER

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, ROBERT H.,
Address: 16750 GULF BLVD, #211
City-St-Zip: NORTH REDINGTON BEACH, FL 33708

Title: D () Delete
Name: MILLER, JACQUELINE M.,
Address: 16750 GULF BLVD, #211
City-St-Zip: NORTH REDINGTON BEACH, FL 33708

Title: COO (X) Delete
Name: MILLER, DARREN,
Address: 10305 WELBECK COURT
City-St-Zip: TAMPA, FL 33626

Title: CFO (X) Delete
Name: SINCELL, CHARLES M.,
Address: 3111 WEST BAY VILLA AVENUE
City-St-Zip: TAMPA, FL 33616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H. MILLER

Electronic Signature of Signing Officer or Director

PD

10/27/2008

Date