

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 12 PM 3:50

DOCUMENT # F01000001110

**1. Corporation Name**

ENVIRONMENTAL TRANSFORMATION  
PROJECTS CORP.

**2. Principal Office Address**

1571 NW 139 AVE

Suite, Apt. #, etc.

**3. Mailing Office Address**

1571 NW 139 AVE

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33028

Country

U.S.A.

Zip

33028

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

Feb 23, 2001

**5. FEI Number**

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

Orlando Duque

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

1571 NW 139 AVE

Suite, Apt. #, Etc.

City

Pembroke Pines

600039009296

07/12/04--01021--007 \*\*750.00

600039009296

07/12/04--01021--008 \*\*8.75

State

FL

Zip Code

33028

**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 ☒

Date

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	Orlando Duque	1571 NW 139 AVE	Pembroke Pines, FL 33028

**10. I certify that I am an officer, 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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-08-04 (954) 394-2656

TR