

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY -5 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000002188

1. Corporation Name

Electronic Theatre Controls, Inc.

03-24-08 01030 003 \$70.00
04-15-08 01032 027 \$1500.00

REINSTATEMENT 06-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

3031 Pleasant View Rd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 620979

Suite, Apt. #, etc.

City & State

Middleton, WI

City & State

Middleton, WI

Zip

53562

Country

USA

Zip

53562-0979

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2001 - FL

5. FEI Number

39-1294611

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

Rob Raff

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

4201 Vineland

Suite, Apt. #, Etc.

Suite I-1

City

Orlando

State

FL

Zip Code

32811

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

Rob Raff

REGISTERED AGENT MUST SIGN

Date 5-1-08

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
President	Richard L. Titus	7747 Welcome Dr.	Verona, WI 53593
CEO	Fred Foster	538 Linden Ct	Verona, WI 53593
Treasurer	Robert Gilson	3731 City Trunk M	Middleton, WI 53562
Secretary	Mark C. Veldey	3031 Pleasant View Rd	Middleton, WI 53562

10. 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 contained in Chapter 119, 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:

Richard L. Titus

Richard L. Titus

April 28, 2008

Date

Daytime Phone #

608-831-4116