

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB -5 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA8000003524**

1. Corporation Name

Dettmers Industries, Inc.

W01-15

2. Principal Office Address

7778 S.W. Ellipse Way

Suite, Apt. #, etc.

3. Mailing Office Address

7778 S.W. Ellipse Way

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34997

Country

USA

Zip

34997

Country

USA

REINSTATEMENT

99-01

4. Date Incorporated or Qualified
To Do Business in Florida

6/22/98

5. FEI Number

95-4693717

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation,

500003677365--8

02/13/01--01085--026

500003677365--8

02/13/01--01085--026

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02/13/01--01085--026

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

David I. Farber

DAVID I. FARBER

ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

1/24/01

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/D	R. Jack DeCrane	2361 Rosecrans Ave. #180	El Segundo, CA 90245
V	Jeffrey Nerland	2361 Rosecrans Ave. #180	El Segundo, CA 90245
V	Charles Becker	2361 Rosecrans Ave. #180	El Segundo, CA 90245
T/D	Richard J. Kaplan	2361 Rosecrans Ave. #180	El Segundo, CA 90245
A	Stephen A. Silverman	1620 26th St., #2000N.	Santa Monica, CA 90404

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 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:

Stephen A. Silverman

Stephen A. Silverman, Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/00

(310) 586-2400

Daytime Phone #