

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 26 PM 12:49

DOCUMENT # F99000006277

1. Corporation Name

CONTROLLED ENERGY TECHNOLOGIES INC.

Principal Place of Business

Mailing Address

9740 ERICA CT
BOCA RATON FL 33496

9740 ERICA CT
BOCA RATON FL 33496



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

735 Astoria Dr

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deland, Florida

City & State

Zip

32724

Country

Volusia

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1999

5. FEI Number

59-3583335

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CP	CUMMINS, NATHAN B	735 ASTORIA DRIVE	DELAND FL 32727
VCVS	THOMPSON, CHRISTOPHER A	9740 ERICA CT	BOCA RATON FL 33496
DT	LEOPARD, LINDA J	9740 ERICA CT	BOCA RATON FL 33496
DT	CUMMINS, WAYNE	108 SOUTH COLORADO	DELAND FL 32724

000003453580-1
-11/09/00--01110--005
****750.00 ****750.00

8. Name and Address of Current Registered Agent

THOMPSON, CHRIS A
9740 ERICA CT
BOCA RATON FL 33496

9. Name and Address of New Registered Agent

Name

Nathan B. Cummins

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

735 Astoria Dr.

Suite, Apt. #, Etc.

City

Deland

State

FL

Zip Code

32724

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

Nathan B. Cummins
REGISTERED AGENT MUST SIGN

Date 10-24, 2000

11. 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:

Nathan B. Cummins Nathan B. Cummins 10-24-00 (904) 736-0871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)