FILED
02 DEC 20 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000006277

1. Corporation Name
Controlled Energy Technologies, Inc.

700009619 7--02
12/20/02--01075--005 **87.50
REINSTATEMENT FL-02

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2. Principal Office Address	3. Mailing Office Address
735 Astoria Dr.	735 Astoria Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deland, Florida	City & State: Deland, Florida
Zip: 32724 Country: Volusia	Zip: 32724 Country: Volusia

4. Date Incorporated or Qualified To Do Business in Florida: 06-04-1999

5. FEI Number: 5935 8335 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certified Copy

7. Name and Address of Current Registered Agent

Name: Nathan Bruce Cummins

Street Address (P.O. Box Number is Not Acceptable): 735 Astoria Dr.

Suite, Apt. #, Etc.:

City: Deland | State: FL | Zip Code: 32724

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: Nathan B. Cummins — REGISTERED AGENT MUST SIGN — Date: 11-15-2002

CR2E051 (01/01)

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
Pres.	Nathan B. Cummins	735 Astoria Dr.	Deland, FL 32724
V.P. Treas.	Christopher A. Thompson	9740 Erica Court	Boca Raton, FL 33496
V.P. Sec.	Terrence P. Wilkie	411 Soft Shadow Lane	Debary, FL 32713

12/24

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: Nathan B. Cummins — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 11-15-2002 Date — 386-668-7854 Daytime Phone #