


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**  
**03 MAY -7 AM 9:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DOCUMENT # G82429**

**1. Corporation Name**

**Eaton Industries, Inc.**

**2. Principal Office Address**

**10780 S.W. 190th Street**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

Zip

**33157**

Country

**U.S.A.**

**3. Mailing Office Address**

**10780 S.W. 190th Street**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

Zip

**33157**

Country

**U.S.A.**

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

**12/08/1983**

**5. FEI Number**

**59-2784782**

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

**Dr. J. Al Esquivel Shuler**

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

**10780 S.W. 190th Street**

Suite, Apt. #, Etc.

City

**Miami,**

State

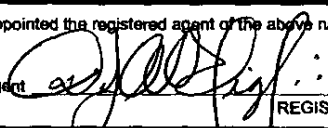
**FL**

Zip Code

**33157**

**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



REGISTERED AGENT MUST SIGN

Date **May 01, 2003**

**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
PD	Dr. J. Al Esquivel Shuler	10780 S.W. 190th Street	Miami, Florida 33157
ST	Dr. J. Al Esquivel Shuler	10780 S.W. 190th Street	Miami, Florida 33157
VD	Marlene Carrio	10780 S.W. 190th Street	Miami, Florida 33157

02-034321 KTS

**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/01/2003 (305)238-0477**

Date

Daytime Phone #

CR2E081 (10/02)