

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 -7 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **684775**

1. Corporation Name  
**Electrical Technologies Corporation**

2. Principal Office Address  
**7950 N.W. 74th Street**

3. Mailing Office Address  
**PO BOX 171008**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, Fl 33166**

City & State  
**Miami, Fl 33017-1008**

Zip **33166** Country **USA**

Zip **33017-1008** Country **USA**

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida **2-13-84**

5. FEI Number **59-2379980** 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 **Richard E. Clark**  
Street Address (P.O. Box Number is Not Acceptable) **721 US Highway One**  
Suite, Apt. #, Etc.  
City **North Palm Beach**

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~~-02/13/01--01108--020~~  
~~\*\*\*\*908.75 \*\*\*\*908.75~~

State **FL** Zip Code **33408**

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 *Richard E. Clark*

Date **2/6/01**

REGISTERED AGENT MUST SIGN

**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
C	Charles I. Davis, Sr	415 Waterway Village Ct	West Palm Bch, FL 33413
DPT	Charles I. Davis, Jr.,	5425 N.W. 121 Ave	Coral Springs, FL 33076
DVPS	John W. Davis, Sr.	510 SW 178th Way	PembrokePines, FL 33029

**KE**

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: *Charles I. Davis, Jr.* **Charles I. Davis, Jr. President** 2-6-01 305-470-9943  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)