

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 OCT -4 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L13440

1. Corporation Name

ETF Technologies, Inc.

2. Principal Office Address

EXECUTIVE OFFICE OF FLORIDA  
8240 NW 52nd Terr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33166

4. Date Incorporated or Qualified  
To Do Business in Florida

1989

5. FEI Number

59-2964135

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

Mr. Rennie J. Day

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

9042 SW 142 Ave Suite 210

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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 10/1/01

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
CEO	Eric Schaefer	8240 NW 52nd Terr Suite 500	Miami, FL 33166
CFO	Rennie J. Day	8240 NW 52nd Terr Suite 500	Miami, FL 33166

REINSTATEMENT

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

Rennie J. Day CFO

Date

10/1/01

Daytime Phone #

(205) 470-2001