

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

03 OCT 13 PH 4: 09

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P00000005191**

1. Corporation Name

**ETP EXCELLENT TIME PIECES, INC.**

Principal Place of Business	Mailing Address
2247 CITRUS BLVD.,#262 LEESBURG FL 34748	2247 CITRUS BLVD.,#262 LEESBURG FL 34748



**4BR 03**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/12/2000	
City & State		City & State		5. FEI Number	
Zip		Country		59-3620143	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	PERKINS, DAVID	2247 CITRUS BLVD.,#262	LEESBURG FL 34748
D	SCHULTHEIS, RICHARD	2247 CITRUS BLVD.,#262	LEESBURG FL 34748

000023751030  
 10/13/03--01070--004 \*\*150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PERKINS, DAVID 2247 CITRUS BLVD. LEESBURG FL 34748		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	

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. or 617.0505, F.S.

Signature of Registered Agent [Signature] Date 10 OCT 2003  
 REGISTERED AGENT MUST SIGN

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:** [Signature] 10 OCT 03 352 2173064  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

2 of 2

10 October 2003

ETP Excellent Time Pieces, Inc.  
2247 N. Citrus Blvd.  
#262  
Leesburg, Fl. 34748


Florida Department of State  
Glenda E. Hood  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

~~Dear Madam Secretary:~~

This letter is to inform you that we did not receive any notice from the state regarding UBR until this notice came. We have had some troubles in the past with our Mail Boxes, Etc. (now the UPS Store) location.

We apologize for any inconvenience this has caused you.

Regards,

  
David B. Perkins  
President