PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
[*] API	PLICATION	FLORIDA DI	EPARTMENT OF STATE			17000	
Katherine Harris Secretary of State					ar con FILED	Ì	
REIN	STATEMENT	/	ON OF CORPORATIONS		地能機器处立	ĨA11	
DOCUMENT # P0000047917				OI DEC28 PH 12: 04			
1. Corporation Name					~ 1 u 12: 0t		
TELE	CTRONICS, INC.						
Principal Place of Business Mailing Address							
8720 SW S.R. 200. #3 - 8720 SW S.R. 200. #3 OCALA FL 34481 OCALA FL 34481							
If above a	addresses are incorrect in any way, line th	rough incorrect inform	nation and enter correction helpw				
	ncipal Office Address, If Applicable		Office Address, If Applicable			110/2000	
Suite, Apt. #, etc. Suite, Apt				5. FEI Number , Applied For			
City & StateCity 8		City & State		APPITED FOR Not Applicable			
Zip	Country	Zip	Country	- 6. CERTIFICATE	E OF STATUS DESIRED S8.75	Additional Fee required 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	3		Street Address of Each Officer and/or Director City / State / Zip		∍ / Zip	
D	VOISINET, ANTHONY V SR. 175		175 NW 133 COURT		OCALA FL 34482		
			PR-14-1				
			4 -	-12/31/0101040015 -12/31/0101040015 ****150.00 *****150.00			
			****	* 287 - 1 · *	141		
					1000	<u>'</u>	
					\$7111 6	'	
	8. Name and Address of Current	Registered Agent	1	9 Name and A	Address of New Registered A.	rent .	
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent		
BISHOP, W. E JR. Street Address (P					is Not Acceptable)	E040 (8/01)	
7743 SW S.R. 200 OCALA FL 34476 Suite, Apt. #, Etc.						- CH2E	
JOHE	112 04470				r =: · · · · ·		
			City		State	Zíp Code	
10. I, being	appointed the registered agent of the abo	ove named corporatio	n, am familiar with and accept the c	bligations of Section	on 607.0505, F.S.		
Signature of Registered Agent Pagent							
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 filling 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: COLLEGE VILLE AND THOMY KE VOISINET SR. 12/21/01 352 861-2550 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #							



Robert H. Schoepf, P.A. Certified Public Accountant

2082

2508 N. E. 8th Lane Ocala, Florida 34470

November 12, 2001

Florida Department of State
Katherine Harris
Secretary of State
Divisions of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: T-Electronics, Inc. P00000047917

Dear Ms. Harris & to whom this may apply;

Enclosed is a notice of administrative dissolution or revocation on the above stated company and a check in the amount of \$150.00 payable to the Department of State.

The taxpayer incorporated in the year 2000, so this Annual Report was the first report due by this corporation. The sole shareholder was unfamiliar with this fee beforehand, this not being the cause for not timely filing but rather the <u>fact</u> that the taxpayer never received the original UBR which was due by May 2001. We're not sure whether you mailed the report at all or whether the local postal service failed to deliver it properly.

The fact that the taxpayer received this second notice is <u>not</u> proof that he received the first. It <u>is</u> proof of the taxpayers shock that the state could penalize him for something that was caused by the state or the postal service and through no either action or inaction of his own.

We now ask that you accept this payment in full satisfaction and that you reexamine the method in which notice is given originally to the fee due.

Thank you in advance for your cooperation and expect a positive reply to the above request.

choese CPA.

Sincerely,

Robert H. Schoenf, P.A.

Ropert H. Schoept, P.A

rhs/mb

Phone Number: (352) 402-9950 - Fax Number: (352) 402-0599