PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000073848

1. Corporation Name

E.T. REAL ESTATE CORPORATION

FILED

03 MAR - 3 PM 12: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

400013910574 03/11/03-01018-017 ***908.75

2. Principal Office Address 915 Middle River Drive		_	3. Mailing Office Address 915 Middle River Drive		
Suite, Apt. #, etc. Suite 506		Suite, Apt. #, etc. Suite 506			
City & State Fort Lauderdale, FL		City & State Fort Laude	City & State Fort Lauderdale, FL		
33304	Country	^{Zip} 33304	Country USA		

4. Date Incorporated or Qualified To Do Business in Florida July 25, 2001

5. FEI Number 65-1124390

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED 🗹

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent				
Name George R. Moraitis, Jr.				
Street Address (P.O. Box Number is Not Acceptable) 915 Middle River Drive				
Suite, Apt. #, Etc. Suite 506		- <u> </u>		
Fort Lauderdale	State FL	Zip Code 33304		

Signature d Registered		DateFebruary 28, 2003	
9. Name	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
D	Enrique Talamo	915 Middle River Drive, Suite 506	Fort Lauderdale, FL 33304
			MAN
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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 PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/2003 (954)563-4163

Daytime Phone #

CR2E081 (10/02)