


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 MAY -6 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118896
1. Corporation Name
EATON CORP. of The Florida Keys

REINSTATEMENT 02-05

2. Principal Office Address <u>1209 JOHNSON STREET</u>	3. Mailing Office Address <u>1209 JOHNSON STREET</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <u>KEY WEST, FL</u>	City & State <u>KEY WEST, FL</u>
Zip <u>33040</u> Country <u>MONROE</u>	Zip <u>33040</u> Country <u>MONROE</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>1/1/02</u>	Applied For <input type="checkbox"/> Not Applicable
5. FEI Number <u>65-1159425</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name <u>KEVIN DALTON</u>		
Street Address (P O. Box Number is Not Acceptable) <u>1209 JOHNSON STREET</u>		
Suite, Apt. #, Etc		
City <u>KEY WEST</u>	State <u>FL</u>	Zip Code <u>33040</u>

300055573818
06/01/05--01036--006 *\$600.00

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 _____ **Date** _____

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
P	KEVIN DALTON	1209 JOHNSON STREET	KEY WEST, FL 33040

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)(f), 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] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

5/16/05 **Date** 305 296-4568 **Daytime Phone #**

292

April 20, 2005

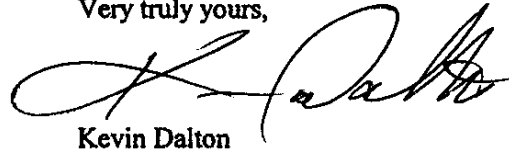
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Eaton Corp
EIN 65-1159425

Enclosed is the Corporation Reinstatement form for Eaton Corp. The incorrect address was on record for this corporation, therefore the first annual report was never received in 2002 when it should have been filed and this caused an internal dissolution for this corporation.

Also enclosed is a check in the amount of \$600 to pay for the annual fees for 2002, 2003, 2004 and 2005. The \$600 reinstatement fee should be waived because of the incorrect address on your records.

Very truly yours,

A handwritten signature in black ink, appearing to read "Kevin Dalton", is written over a horizontal line.

Kevin Dalton