

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -6 AM 9:26

DOCUMENT # P02000003975

1. Corporation Name

E.T. INSURANCE, INC.

REINSTATEMENT 03-04

2. Principal Office Address
4034 PALM PLACE

Suite, Apt. #, etc.

City & State
WESTON, FLORIDA

Zip
33331

Country
BROWARD

3. Mailing Office Address
3778 SAN SIMEON CIRCLE

Suite, Apt. #, etc.

City & State
WESTON, FLORIDA

Zip
33331

Country
BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida** 01/08/2002

5. FEI Number
26-0017400

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

Edwin J.T. Tolon

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

4034 PALM PLACE

Suite, Apt. #, Etc.

City

Weston

State
FL

Zip Code

33331

800031865278
04/06/04-01031-005 **150.00

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

REGISTERED AGENT MUST SIGN

Date

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
	NONE		
D	TOLON, EDWIN J.T.	4034 PALM PLACE	Weston, Florida 33331

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

Date

Daytime Phone #

CR2E081 (01/04)

FREEDMAN & COMPANY

Leslie J. Freedman, CPA, P.A. Certified Public Accountants and Consultants

November 4, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 323146327

RE: E.T. Insurance, Inc.
Document # P02000003975
2003 UBR

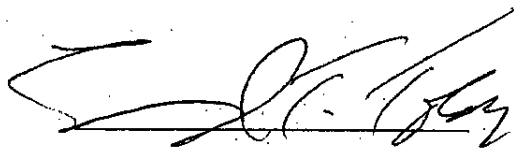
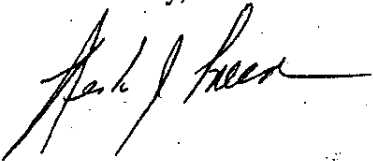
To Whom It May Concern:

This letter is to notify you that my client, E.T. Insurance, Inc., did not receive the original UBR form nor the second mailing. My client only realized this when he received the "Notice of Administrative Dissolution".

At this time, we are submitting a check in the amount of \$150, per your instruction, to pay for the 2003 registration fee. We would appreciate you reinstating the corporation and abating any additional fees.

Thank you for your cooperation.

Yours truly,



Edwin J. T. Tolon, President