PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000061271

1. Corporation Name

FILED

03 OCT 21 AM 10: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

EARIMIE	ECH MAN	AGEMENI,	INC.				
Principal Place of Business Mailing Add				Idress		-	
3000 IMMOKALEE RD. UNIT 9. WINTERVIEW CT NAPLES FL 34110			3000 IMMOKALEE RD. UNIT 9. WINTERVIEW CT NAPLES FL 34110				
If above addresses are incorrect in any way, line through incorrec				at information and enter correction below.		REMSTATEMENT 02	
				New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06/03/2002	
City & State			City & State			8a - 055 2223 Not Applicable	
Zip	Coun	itry	Zip		Country	6:	S8.75 Additional Fee required for a Certificate of Status
7. Names and	Street Addresses	of Each Officer and	t/or Director (F	lorida nonprof	it corporations must list at lea	ast 3 directors)	
Title(s)	Name of Officers and/or Directors			3 _	Street Address of Each Officer and/or Director		City / State / Zip
PSD LE	LESTER, MARK			3000 IMM	IOKALEE RD, UNIT 9, W	INTÉ	NAPLES FL 34110
VD MIKOLJCZYK, ELIZABETH			- 3000 IMN	IOKALEE RD, UNIT 9, W	INTE	NAPLES FL 34118	
						90 10/21/	00023369109 /0301058022 **150.00
	8. Name and	Address of Curren	Registered A	gent		9. Name and	Address of New Registered Agent
MIKOLAJCZYK, ELIZABETH 4685 3RD AVE SW NAPLES FL 34119				_	Name MARK LESTER Street Address (P.O. Box Number is Not Acceptable) 3000 IMMOKALEE RD Suite, Apt. #, Etc. Suite # 9 City State Zip Code FL 341/0		
10. I, being applications of Registered Age			ove named con	1	7, N	bligations of Sect	Date 10/15/03

11.1 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

Earthtech Management, Inc. 3000 Immokalee Rd. Suite #9 Naples, Florida 34110 Management: (239) 591-3879 Fax: (239) 591-2556 E-Mail: EarthML@earthlink.net

10/16/03

State of Florida Department of State

RE: Application for Reinstatement

To Whom It May Concern:

The purpose of this letter is to inform you that Earthtech Management, Inc. did not receive the prior two uniform business report notices. I am enclosing with this letter the completed application for reinstatement as well as the fee of \$150.00 to file the report.

Mark Lester President