

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT  
Sandra B. Secretary  
DIVISION OF CORPORATIONS

FILED

99 FEB 15 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000041483  
1. Corporation Name  
ETC | SARASOTA CO.

Principal Place of Business Mailing Address  
2176 GULF GATED - 2176 GULF GATE DR  
SARASOTA, FL 34231 - SARASOTA, FL 34231

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	2176 GULF GATE DR	7.7.94
City & State	SARASOTA, FL	5. FEI Number
Zip	34231	5.0502-016
Country	USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

\$8.75 Additional Fee required for 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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	CONSTANCE WADE	4226 MARLOWE DR	SARASOTA, FL 34241
VP	DAVID W. WADE	4226 MARLOWE DR	SARASOTA, FL 34241

700002780757--0  
-02/19/99--01051--022  
\*\*\*\*150.00 \*\*\*\*150.00  
700002780757--0  
-02/19/99--01051--023  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CONSTANCE WADE 4226 MARLOWE DR SARASOTA, FL 34241	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent: Constance Wade  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐  
(See other side for information on intangible tax.)

12. 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: Constance Wade  
CONSTANCE WADE  
12.1.98  
941. 927.2667

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TO: Department of State  
Division of Corporat  
FROM: ETC/Sarasota Co.  
dba Stamp Street Station  
DATE: 12.1.98

RECORDS  
EASE RE  
THE R

Please be advised that I am writing to you after calling your office to determine the registration of my corporation. The same problem persisted this year as it did last year.

You have my corporate address correct but continue to use an incorrect mailing address (the numbers have been inverted). This failure to correct my mailing address presented the same problem as last year.

Please correct my mailing address to:  
2176 Gulf Gate Drive  
Sarasota, FL 34231

I was advised to write this letter of explanation and to send a check for \$150.00. If I had not called this could have caused a major, and costly, inconvenience to my corporation.

Thank you for your assistance in this matter.

Yours truly,



Constance Wade  
President