PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000014019(O)

1. Corporation Name

E T R ENTERPRISES, INC.

Principal Place of Business / Mailing Address

13032 S.W. 133rd Court
Miami, FL 33186

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

2. New Principal Office Address, If Applicable
~~8881 N.W. 13 Terr.~~
Suite, Apt. #, etc
City & State: Miami, FL
Zip: 33172 Country: USA

3. New Mailing Office Address, If Applicable
4995 N.W. 72 Ave.
Suite, Apt. #, etc
City & State: Miami, FL
Zip: 33166 Country: USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida: 02/20/95

5. FEI Number: 65-0589335 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	KORTH, THOMAS A	477 Pettis Ave.	ADA, MI 49301
VP	MEDINA, RICARDO	~~13032 S.W. 133rd Court~~ 4995 N.W. 72nd Ave.	MIAMI, FL 33166
SD	QUANT, ERNESTO	~~13032 S.W. 133rd Court~~ 4995 N.W. 72nd Ave	MIAMI, FL 33166
T	~~RAAYMAKERS, ROBERT~~	~~477 Pettis Ave.~~	~~ADA, MI 49301~~

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****900.00 ****900.00

8. Name and Address of Current Registered Agent

KORTH, THOMAS
8881 N.W. 13 Terr.
Miami, FL 33172

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City — State: FL — Zip Code

CR2E081 (12/98)

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: [signature] REGISTERED AGENT MUST SIGN — Date: 2/22/99

11. This corporation owes 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/22/99 — Daytime Phone #: 016 682 1385