

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 25 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060297

1. Corporation Name

ENERGY TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

~~205 NE 185 STREET, SUITE 24~~
~~MIAMI FL 33179-4500~~

~~205 NE 185 STREET, SUITE 24~~
~~MIAMI FL 33179-4500~~

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

2. New Principal Office Address, If Applicable

3909 NE 163 STREET

3. New Mailing Office Address, If Applicable

3909 NE 163 STREET

Suite, Apt. #, etc.

SUITE # 305

Suite, Apt. #, etc.

SUITE # 305

City & State
NORTH MIAMI BEACH, FLA

City & State
NORTH MIAMI BEACH, FLA

Zip

33160

Country

DADE

Zip

33160

Country

DADE

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/1995

5. FEI Number

65-0606182

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D PRES	LITOWICH, J. A.	205 NE 185 STREET, SUITE 24	MIAMI FL 33179
S/T	FARKAS, M. D.	660 MADISON AVE 14 th FLOOR	New York, New York 10021
V P	CORNETT, E. L.	2327 DESTINY WAY	ODESSA, FLA. 33556
			200002016912--2 -12/02/96--01018--001 ****147.50 ****147.50

8. Name and Address of Current Registered Agent

LITOWICH, J. A.
205 NE 185 STREET, SUITE 24
MIAMI FL 33179-4500

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200002016912--2
-12/02/96--01018--002
****236.25 ****236.25
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

[Signature] REGISTERED AGENT MUST SIGN

Date

11/7/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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] REGISTERED AGENT MUST SIGN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/96

Date

(305)
354-2200

Daytime Phone #