

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

14 APR 18 PM 2:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000000667

1. Corporation Name

ENTECH Enterprises, Inc.

2. Principal Office Address - No P.O. Box #

1915 Angel Hollow Rd.

Suite, Apt. #, etc.

City & State

Tallahassee, FL.

Zip

32308

Country

USA

3. Mailing Office Address

1915 Angel Hollow Rd.

Suite, Apt. #, etc.

City & State

Tallahassee, FL.

Zip

32308

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1996

5. FEI Number

593440211

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

Newton Cloud

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

1915 Angel Hollow Rd.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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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

Newton Cloud

REGISTERED AGENT MUST SIGN

Date

4/18/14

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
<u>V&S</u>	<u>ANDREA Jenkins</u>	<u>1915 Angel Hollow Rd.</u>	<u>Tallahassee, FL. 32308</u>
<u>P</u>	<u>Newton Cloud</u>	<u>1915 Angel Hollow Rd.</u>	<u>Tallahassee, FL. 32308</u>

REINSTATEMENT

2011-
2014

APR 18 2014

L. SELLERS

10. E-mail Address: ENTCHENT@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Newton Cloud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/14

Date

Daytime Phone #