

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1998 FEB -2 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96 000057961

1. Corporation Name

ENERGY TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

C/O STEVEN SEEL, ESQ.
777 S. FLAGLER DR., 8TH FLOOR, WEST
WEST PALM BEACH, FL 33401

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

2. New Principal Office Address, If Applicable

N/A
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SEE ABOVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/96

5. FEI Number

GS-0678644

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
P/D	MARK D. SALTZMAN	777 S. FLAGLER DR. 8TH FLOOR, WEST	W.P.B., FL 33401
			7000002424287--0 -02/08/98--01128--019 ****908.75 ****908.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

STEVEN M. SEEL
777 S. FLAGLER DR., 8TH FLOOR,
W. PALM BEACH
W.P.B., FL 33401

9. Name and Address of New Registered Agent

Name
N/A

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

ATTY.

REGISTERED AGENT MUST SIGN

Date

12/16/98

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 taxes 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)(j), 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] - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/98
Date

954987-5145
Daytime Phone #

CR2E040 (12/96)