

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000069269**

1. Corporation Name

T.E.T.C., INC.

2. Principal Office Address

5154 Seville Isle Court

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32837

Country

Orange

3. Mailing Office Address

5154 Seville Isle Court

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32837

Country

Orange

FILED



Staci Collins
MY COMMISSION # DD139800 EXPIRES
November 22, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

800033980158

U47257U4--U1U73--U03 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

6/6/97

5. FEI Number
59-3404185

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

Thomas P. Jandersit

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

5154 Seville Isle Court

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32837

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

Date 4/22/04

REGISTERED AGENT MUST SIGN

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
P	Thomas P. Jandersit	5154 Seville Isle Court	Orlando, Florida 32837

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

321-303-2408

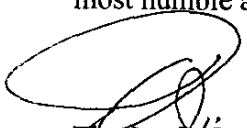
Daytime Phone #

CR2E081 (01/04)

Corporate Reinstatement
Florida Department of State
Secretary of state
Divisions of Corporations
4/22/04

Dear Sir, Madam

Please except this letter as an apology for not meeting last year's deadline of the annual registration. My history of payments should help in my sincerity. I honestly was not aware of this situation until my new accountant had pointed out that I should be receiving the annual renewal. Then after going to SUNBIZ, I was surprised to see I was in an inactive status. I did go to the post office before moving to have all my mail forwarded to the new address. Unfortunately I never received the renewal form. Other points that are critical to your decision to wave the reinstatement fee are as follows: I moved from one location to another, I am a one man operation and my accountant and *personal friend* passed away last year. I have spoken to several individuals within your organization who have been so very helpful and have advised me to right this letter along with a check for \$308.75 which should cover 03' and 04' renewal along with the Certificate fee. Again my most humble apologies and please feel free to contact me.



Thomas P. Jandersit
5154 Seville Isle Court
Orlando, Florida
32837
Cell 321-303-2405