

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATION

2001 UBR

FILED

01 NOV 19 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056368

1. Corporation Name

CONTROL INC

2. Principal Office Address

2234 N. FEDERAL HWY

Suite, Apt. #, etc.

PMB 483

City & State

BOCA RATON FL

Zip

33431

Country

USA

3. Mailing Office Address

2234 N. FEDERAL HWY

Suite, Apt. #, etc.

PMB 483

City & State

BOCA RATON FL

Zip

FL 33431

Country

USA

02/12/01 90213 001 150.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

650773682

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

SIMONS MICHAEL D

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

2234 N. FEDERAL HWY

LS

Suite, Apt. #, etc.

PMB 483

City

BOCA RATON

State

FL

Zip Code

33431

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

Michael D. [Signature]

Date

11/12/01

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	SIMONS, MICHAEL	2234 N. FEDERAL HWY PMB483	BOCA RATON FL 33431

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:

Michael D. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/01

Date

8053405126

Daytime Phone #

CR2E081 (9/00)

WHOLESALE ELECTRONICS

2234 N. Federal High. PMB 483
Boca Raton, FL 33431
(561) 637-2559

11/12/01

To whom it may concern,

As per the conversation I had with Michelle, I am asking you to reinstate my corporation. Back in February I filed my 2001 uniform business report on time, and submitted a check # 2915 for \$150. When the check cleared the bank as cashed I assumed everything was O.K. I have come to find out that a rejection letter was sent by you which I did not receive. It wasn't until September when a dissolve letter was sent that I realized there was a problem. I am asking for you to be lenient and understandable and reinstate my corporation, waiving any penalties and fees. Thank you very much for your understanding. A copy of all paperwork and checks are included.

Michael D. Simons
Michael D. Simons