


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATION	
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 33431 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 02/12/01 90213 001 150.00	
5. FEI Number 650773682				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
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. Simons
REGISTERED AGENT MUST SIGN	Date 11/12/01

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. Simons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 11/12/01 Daytime Phone # 8053405126

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 \$1,500. 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