

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P97000067788

1. Corporation Name

E.T.M.E. INVESTMENTS, INC.

Principal Place of Business

Mailing Address

12985 CORONADO LANE  
NORTH MIAMI FL 33181

3325 N.W. 36TH STREET  
MIAMI FL 33142  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date incorporated or Qualified  
To Do Business in Florida

08/06/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0772234

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip Country

Zip Country

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 3	City / State / Zip 4
P	TOLEDO, EVELIO	3325 N.W. 36 STREET	MIAMI FL 33142

100003446831--3  
-11/01/00--01051--005  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOLEDO, EVELIO A  
3325 N.W. 36TH STREET  
MIAMI FL 33142

Name

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-12-00

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., 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-00

Date

305-633-0032

Daytime Phone #

CR2ED40 (8/00)

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October 12, 2000


Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Subject: E.T.M.E. Investments, Inc.

Ref. Number: P9700006778

Please be advised, I never received any applications or notices of reinstatement for the above-mentioned corporation until October 11, 2000. I ask that you take into consideration the fact that I did pay our other two corporations on time; document numbers P93000056295 and P94000088375. In addition, I ask that you consider our history of on-time payments. I am enclosing a check of \$150.00 in hopes that the late fees will be waived. If you have any questions, please feel free to call me at 305-633-0032 or write me at 3325 NW 36<sup>th</sup> St., Miami, FL 33142. Your attention to this matter will be greatly appreciated.

Thank you,



Evelio Toledo, President

ET/ent