

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
W. J. Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 18 AM 8:01

DOCUMENT # **P98000038923**

1. Corporation Name

ETYET, INC.

Principal Place of Business

2602 BAYSHORE BLVD.
DUNEDIN FL 34698

Mailing Address

2602 BAYSHORE BLVD.
DUNEDIN FL 34698



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

5/13/02 90153 016 158-00

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1998

5. FEI Number

59-3512158

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TURNER, ROY M	2602 BAYSHORE BLVD	DUNEDIN FL 34698

8. Name and Address of Current Registered Agent

GREEN, RICHARD D
1010 DREW ST.
CLEARWATER FL 33755

9. Name and Address of New Registered Agent

Name *Roy M. Turner*
Street Address (P.O. Box Number is Not Acceptable)
2602 Bayshore Blvd.
Suite, Apt. #, Etc.
City *Dunedin* State **FL** Zip Code **34698**

CFR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

X **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date

11/13/02

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

Date

Daytime Phone #

11/13/02

11-05-02

Florida Dept. of State
Dept. of Corporations

To Whom it May Concern:

We are writing this letter because we did not receive any notice of rejection because of a missing signature. You received our check on 4-23-02 which was timley. Please abate all penalties and reinstate with our new registered agent signature.

Respectfully,

A handwritten signature in cursive script, appearing to read "Roy M. Turner".

Roy M. Turner
ETYET INC.