


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC 23 PM 1:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # S 86642					
1. Corporation Name EQUALIZER TECHNOLOGY, INC.					
Principal Place of Business 15470 Flight Path Drive Brooksville, FL 34609			Mailing Address (same)		
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10-11-91	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3153302	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$3.5 Additional Fee required for a Certificate of Status</small>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip		
Dir/Pres.	Frank Casagni	% Innovative Technology, Inc. 15470 Flight Path Drive	Brooksville, FL 34609		
Dir	Dennis H. Wilfong	% Innovative Technology, Inc. 15470 Flight Path Drive	Brooksville, FL 34609		
Dir	Robert J. VanSickle	% United Power Corporation 2132 Tomlyn Street	Richmond, VA 23230		
Dir/Treas	David L. Watkins	% United Power Corporation 2132 Tomlyn Street	Richmond, VA 23230		
Dir/Sec'y	Todd G. Atkinson	% Delta America Inc. 433 South Main Street #117	West Hartford, CT 06110		
8. Name and Address of Current Registered Agent					
REINSTATEMENT					
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324					
Name of New Registered Agent 98 FL 12-23-98					
Street Address (P.O. Box Number is Not Acceptable) 100002722421--0					
Suite, Apt. #, Etc. -12/24/98-01088-009					
City ****750.00 ****750.00					
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 <u>Connie Bryan</u> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN Date 12/23/98					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Todd G. Atkinson</u> Todd G. Atkinson, Secretary 12-22-98 (860) 561-2244 SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 23 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G87699**

1. Corporation Name

W.J. MIRANDA CONSTRUCTION CO.

Principal Place of Business

Mailing Address

SAMUEL STEEN, P.A.
1500 San Remo Avenue, Suite 215
Coral Gables, Florida 33146-3047

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

2. New Principal Office Address, If Applicable

~~10598 NW South River Dr.~~ ~~10598 NW South River Dr.~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~10598 NW South River Dr.~~ ~~10598 NW South River Dr.~~

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

1/16/84

5. FEI Number

59-2359182

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

City & State

Medley, Florida

City & State

Medley, Florida

Zip

33178

Country

US

Zip

33178

Country

US

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PDT	WILLIAM J. MIRANDA	10598 NW South River Dr.	Medley, FL 33178
			400002721384--8
			REINSTATEMENT 96-98
			52, 25-98

8. Name and Address of Current Registered Agent

Steen, Samuel
1500 San Remo Avenue
Suite 215
Coral Gables, Florida 33146

9. Name and Address of New Registered Agent

Name

Raymond L. Robinson, Esq.

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

1501 Venera Avenue, Suite 300

Suite, Apt. #, Etc.

Suite 300

City

Coral Gables

State

FL

Zip Code

33146

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]

REGISTERED AGENT MUST SIGN

Date 12-21-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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] William J Miranda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/98

Date

3058831920

Daytime Phone #

CR2E040 (1/88)