


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
RECEIVED BY STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name
S 86642
EQUALIZER TECHNOLOGY, INC.

Principal Place of Business 15470 Flight Path Drive
Brooksville, FL 34609

Mailing Address (same)

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 Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida 10-11-91

5. FEI Number 59-3153302

6. CERTIFICATE OF STATUS DESIRED 25.15 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 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

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

REINSTATEMENT

Name: J.L. 12-23-98
Street Address (P.O. Box Number is Not Acceptable): 100002722421--0
Suite, Apt. #, Etc.: -12/24/98-01088-009
City: State: FL Zip Code: ****750.00 ****750.00

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: Jonnie Bryan SPECIAL ASSISTANT SECRETARY
Date: 12/23/98

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (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: Todd G. Atkinson 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
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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 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida
~~10598 NW South River Dr.~~ ~~10598 NW South River Dr~~ 1/16/84
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 5. FEI Number Applied For
Medley, Florida Medley, Florida 59-2359182 Not Applicable
Zip Country Zip Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
33178 US 33178 US

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
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 9. Name and Address of New Registered Agent

Steen, Samuel 1500 San Remo Avenue Suite 215 Coral Gables, Florida 33146	Name Raymond I. 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
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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]* Date 12-21-98
REGISTERED AGENT MUST SIGN

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 12/21/98 305 883 1920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/88)