

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V66734**

1. Corporation Name

TELETRONICS, INC.

Principal Place of Business

Mailing Address

~~8500 SW 99 CT~~
~~MIAMI FL 33173~~
~~US~~

~~8500 SW 99 CT~~
~~MIAMI FL 33173~~
~~US~~

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

2. New Principal Office Address, If Applicable

12293 75 Ln No
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12293 75 Ln no
Suite, Apt. #, etc.

City & State

WPRB FLA.
Zip **33412** Country **U.S.**

City & State

WPRB FLA.
Zip **33412** Country **U.S.**

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1992

5. FEI Number

65-0359513

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 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
DPT	ROMNOSKY, DALE	17151 NE 17TH AVE 12293 75 Ln no	NORTH MIAMI BCH FL West Palm Bch FL
DVS	JENSEN, JEFF	17151 NE 17 AVE	NMB FL
MD	MESTRIL, RAUL	8500 SW 99 CT	MIAMI FL
SD	MORRISON, JOHN	8500 SW 99 CT	MIAMI FL
			100002205761--5 -06/03/97--01087--007 ***915.00 ***915.00 JBU-5-97

8. Name and Address of Current Registered Agent

MESTRIL, RAUL
8500 SW 99 CT
MIAMI FL 33173

9. Name and Address of New Registered Agent

Name
Dale Romnosky
Street Address (P.O. Box Number is Not Acceptable)
12293 75 Ln no
Suite, Apt. #, Etc.

City
West Palm Bch. State
FL Zip Code
33412

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 **5/26/97**

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 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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/97 561-790-
Date Daytime Phone #

CR2040 (7/96)