## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPART Secretary DIVISION OF CO	of State	!	FILED 2008 MAR 17 PM 12: 22
DOCUMENT # P9400019301  1. Corporation Name AD VANCED TECH INDUSTRIES  7401 NW 7th St  MiAMI, FL 33126				SECRETARY OF STATE TALLAHASSEE, FLORIDA  0120419911 0801005025 **750.00
2. Principal Office Address - No P.O. Box #  740 NW 7th St  Suite, Apt. #, etc.	3. Mailing Office Address 7401 NW 7+h S† Suite, Apt. #, etc.		REINS CREEGET (12/07/VOMPOS	
City & State MIAMi FL  Zip  33126 Country USA	City & State  MIAMI  Zip  33126	FL Country USA	5. FEI Number 65 - 0	95.75 Additional Fee requires
571-0	Current Registered Agen			for a Certificate of Status
Name + enry Kourany Street Address (P.O. Box Number is Not Acceptable). 7401. Nw 7th St. # 4  Suite, Apt. #, Etc.  City MiAmi   State   33			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and-requesting the reinstatement fee be waived.	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip
D Henry Kouras	14 - 740	TNW 7th S	54. #4	MIAMI, FL-33126
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10. 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 filling 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #				