

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
ANDREW B. MORTHAM
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040045

1. Corporation Name

ADVANCED SYSTEMS & SERVICES INC.

Principal Place of Business

978 S. DIXIE HIGHWAY
POMPANO BEACH FL 33060

Mailing Address

978 S. DIXIE HIGHWAY
POMPANO BEACH FL 33060

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

900 SE 4th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano Bch Fla

Zip

Country

Zip

Country

33060

4. Date Incorporated or Qualified To Do Business in Florida

05/09/1996

5. FEI Number

65-0664257

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
PD	SENNELLO, JAMES III	900 S.E. 4TH AVENUE	POMPANO BEACH FL 33060
STD	MEI, ROBERT	391 S.E. 1ST AVE.	POMPANO BEACH FL 33060

500002371325--3
-12/12/97--01117--012
****165.00 ****165.00

A. Alan 12/18/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SENNELLO, JAMES III
900 S.E. 4TH AVENUE
POMPANO BEACH FL 33060

Name

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

Suite, Apt. #, Etc.

City

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

Date 11/15/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES SENNELLO JR

Date

Daytime Phone #

11/15/97 954 9417777

11/15/97

(2)

Advanced Systems & Services
978 South Dixie Hwy
Pompano Beach, Fla 33060

To Whom it may Concern:

We never received our original form. Please change our address. To: 900 SE 4th Avenue, Pompano Beach, Fla 33060. Our dissolution form was forwarded. Please correct mailing address. I have enclosed the check for \$16500 as directed by Amy Allen who is abating penalties. Thanks for your prompt attention concerning this matter. This problem will never happen again.

Thank you,

