

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -6 PM 1:22

DOCUMENT # P96000091046

1. Corporation Name ADVANCE TECHNOLOGY DISTRIBUTORS, INC.

**1516 EAST COLONIAL DRIVE SUITE 202
ORLANDO, FLORIDA 32809**

**2. Principal Office Address
1516 EAST COLONIAL DRIVE**

Suite, Apt. #, etc.
SUITE 202

City & State
ORLANDO, FLORIDA

Zip Country
32809 U.S

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 99-07

**4. Date Incorporated or Qualified
To Do Business in Florida 11/06/1996**

5. FEI Number ☒ Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name

MARIA A. CRUZ

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

1516 EAST COLONIAL DRIVE

Suite, Apt. #, Etc.

SUITE 202

City

ORLANDO

State
FL

Zip Code
32809

**100003995781--5
-04/12/01--01106--023
***1358.75 ***1358.75**

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

Date **04/04/2001**

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
PRES	MARIA A. CRUZ	1516 EAST COLONIAL DR	ORLANDO, FL 32803
V-PRE	CARIDAD CARDOSO	1516 EAST COLONIAL DR	ORLANDO, FL 32803
SECT	MARIA A. CRUZ	1516 EAST COLONIAL DR	ORLANDO, FL 32803
TREAS	TERESA VALDES	1516 EAST COLONIAL DR	ORLANDO, FL 32803

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 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

04/04/2001

Date

800-500-7330

Daytime Phone #

CR2E081 (8/99)