

**APPLICATION FOR
REINSTATEMENT
OF
LIMITED PARTNERSHIP**

**FLORIDA DEPARTMENT OF
REVENUE
Office of the
Secretary of State
Division of Corporations**

**SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # B 94000000156

99 JUN 22 AM 11:55

1. Name of Limited Partnership
ADVANCED QUICK CIRCUITS, L.P.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
200 EAST DRIVE

3. Principal Office Address
200 EAST DRIVE

**4. Date Formed or Registered
To Do Business in Florida** 4/22/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
MELBOURNE FLORIDA

City & State
MELBOURNE FLORIDA

59-3236556

Not Applicable

Zip 32904 **Country** BRAZIL

Zip 32904 **Country** BRAZIL

6. CERTIFICATE OF STATUS DESIRED ☒ **SB 75 Additional Fee required
for a Certificate of Status**

7. State or Country of Formation DELEWARE

**8a. Capital Contributions as Shown
on Record**
\$ 6,900,000

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s): \$68.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

**8b. Amount of Capital Contributions in
FLORIDA to date:**

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 NAYS STREET, SUITE 105
TALLAHASSEE, FL 32301

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s)

**Address of Each General Partner
(Do NOT Use Post Office Box Numbers)**

City, State and Zip Code

**11a. Registration
Document Number**

AQC, INC.

200 EAST DRIVE

MELBOURNE, FL
32904

F94000002099

REINSTATEMENT

300002914702-8
-06/24/99-001830-005
***1035.00 ***1035.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature] for AQC, Inc. General Partner DATE 6/3/99

Typed or Printed Name of General Partner Signing Form

M.L. OBLIER FOR AQC, INC. General Partner

Telephone Number 407-752-8742

CR2E039 (12/98)