

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000005670			
1. Corporation Name ADVANCED INDUSTRIAL TECHNOLOGIES, INC.			
2. Principal Office Address 1200 S. Pine Isl. Road Suite, Apt #, etc. City & State Plantation, FL Zip 33324 Country USA		3. Mailing Office Address 1200 S. Pine Isl. Road Suite, Apt. #, etc. City & State Plantation, FL Zip 33324 Country USA	

FILED

02 OCT -9 PM 3:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**200008602452
10/25/02--01121--019 ***308.75**

4. Date Incorporated or Qualified To Do Business in Florida 10/10/00	
5. FEI Number 381875486	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 So. Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

8. I, being appointed the registered agent of the abode named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, VS.

Signature of
Registered Agent

Patrick A. Nolan

**Patrick A. Nolan
Assistant Secretary**

Date

10/8/02

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
Exec. VP & Dir. Patrick J. O'Leary		13515 Ballantyne Corporate/Charlotte, NC Place	28277
Exec. VP, Sec. & Dir. Christopher J. Kearney		Same as above	
Exec. VP, Treas. & Dir. Ron Winowiecki		Same as above	
VP Joseph Rocco		Same as above	
Asst. Treas. Ron Giza		700 Terrace Point Drive/	Muskegon, MI 49443
Asst. Sec. Robert Spence		28635 Mound Road/	Warren, MI 48092

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

Date

10/4/02

Daytime Phone #

752-4400