

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 14 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006101

1. Corporation Name

AIT-RDU, INC

REINSTATEMENT

01-06
JC 11/14

CR2E081 (12/05)

2. Principal Office Address
8870 BOGGY CREEK ROAD

3. Mailing Office Address
1119 W TOUHY AVE

Suite, Apt. #, etc.
#500

Suite, Apt. #, etc.

City & State
ORLANDO, FLA

City & State
PARK RIDGE, IL

Zip
32824

Country
USA

Zip
60068

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/31/2000

5. FEI Number
363033973

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
DANIEL LISOWSKI

Street Address (P.O. Box Number is Not Acceptable)
8870 BOGGY CREEK ROAD

Suite, Apt. #, Etc.
#500

City
ORLANDO,

State Zip Code
FL 32824

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

Date 11/06/2006

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
PRES	DANIEL LISOWSKI	8870 BOGGY CREEK ROAD	ORLANDO, FLA 32824
SECY	STEVEN LETURNO	8870 BOGGY CREEK ROAD	ORLANDO, FLA 32824
DIR	JOSEPH KAYSER	8870 BOGGY CREEK ROAD	ORLANDO, FLA 32824
			900081754589 11/14/06--01014--024 **1500.00
			900081754589 11/14/06--01014--025 **8.75

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 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:

DANIEL LISOWSKI

11/07/2006

(630)766-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #