

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 APR 25 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000005055

1. Corporation Name

ADVANCED SURFACE TECHNOLOGIES, INC.
5875 Mining Terrace Road, Suite 204
Jacksonville, FL 32256

100102632741
05/16/07--01026--002 **900.00

2. Principal Office Address - No P.O. Box #
same as above

3. Mailing Office Address
5875 Mining Terrace Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 204

City & State

City & State
Jacksonville, FL

Zip

Country
USA

Zip

32256

Country
USA

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/29/05

5. FEI Number

203067816

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
DAWSON, ROGER

Street Address (P.O. Box Number is Not Acceptable)
5875 Mining Terrace Road

Suite, Apt. #, Etc.
Suite 204

City
Jacksonville

State
FL

Zip Code
32256

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 4/19/07

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
CCEO	GIERKE, MARK	5875 Mining Terrace Rd, #204	Jacksonville, FL 32256
VCP	DAWSON, ROGER	5875 Mining Terrace Rd, #204	Jacksonville, FL 32256

REINSTATEMENT

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER DAWSON, VCP

4/19/07

Date

(904) 716-7510

Daytime Phone #