

**CORPORATION
REINSTATEMENT**



Secretary of State
DIVISION OF CORPORATIONS

FILED
AUG -3 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001349**

1. Corporation Name

Advanced Engineering Concepts, INC.

REINSTATEMENT 1996-00

2. Principal Office Address

300 E. Broughton St.

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 1229

Suite, Apt. #, etc.

City & State

Bainbridge, GA

City & State

Bainbridge, GA

Zip

31717

Country

U.S.A.

Zip

31718

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5-14-91

5. FEI Number

58-1948440

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

William Edward Locke

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

700 Blountstown Hwy.

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32304

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

William Edward Locke

Date **8.2.00**

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
P	William Edward Locke	700 Blountstown Hwy.	Tallahassee, FL 32304
V/S/T	James L. Burch	316 Rosedale Place	Valdosta, GA 32303

300003345473--4

08/03/00-01041-018

*****1385.00 ***1350.00**

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:

William Edward Locke

8.2.00

(912)248-0224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

Tracking #: 300003345473



300003345473 COR 5