## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F9400000196

Title:

Name:

Address:

City-St-Zip:

( ) Delete

POMPANO BEACH, FL 33064

DILLIBER, FRANCIS

**3430 NE 13 TERRACE** 

FILED Sep 22, 2006 Secretary of State

Entity Name: ADVANCED SYSTEMS COMMUNICATIONS, INC.	
Current Principal Place of Business:	New Principal Place of Business:
430 E SAMPLE RD POMPANO EBAHC, FL 33064 US	750 E SAMPLE ROAD BUILDING 4 BAY 11 POMPANO BEACH, FL 33064 US
Current Mailing Address:	New Mailing Address:
430 E SAMPLE RD POMPANO EBAHC, FL 33064 US	750 E SAMPLE ROAD BUILDING 4 BAY 11 POMPANO BEACH, FL 33064 US
FEI Number: 65-0452551 FEI Number Applied For ( ) FEI Number	mber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
LUCY, STEPHEN 430 E. SAMPLE ROAD POMPANO BEACH, FL 33064 US	LUCY, STEPHEN 750 E SAMPLE ROAD BUILDING 4 BAY 11 POMPANO BEACH, FL 33064 US
The above named entity submits this statement for the purpose on the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: STEPHEN LUCY	09/22/2006
Electronic Signature of Registered Agent	Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:         VP         ( ) Delete           Name:         LUCY, STEPHEN           Address:         4041 NE 17 TERRACE           City-St-Zip:         POMPANO BEACH, FL 33064	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:         P         ( ) Delete           Name:         REYNOLDS, PATRICIA           Address:         4041 NE 17 TERRACE           City-St-Zip:         POMPANO BCH, FL 33064	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PATRICIA D REYNOLDS **PRES** 09/22/2006

() Change () Addition