

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 30 PM 4:05

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # F95000064314

1. Corporation Name

American Electronics Association

2. Principal Office Address

601 Pennsylvania Ave NW

Suite, Apt. #, etc.

North Bldg. Suite 600

City & State

Washington, D.C.

Zip

20004

Country

U.S.

3. Mailing Office Address

12565 Research Pkwy

Suite, Apt. #, etc.

Suite 300

City & State

Orlando, FL

Zip

32826

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/1995

5. FEI Number

94-2148589

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-05

100059052511

08/29/05--01031--002 **726.25

7. Name and Address of Current Registered Agent

Name

Maryann Fiala

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

12565 Research Parkway

Suite, Apt. #, Etc.

Suite 300

City

Orlando,

State

FL

Zip Code

32826

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

Maryann D. Fiala

Date 08/26/05

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 T. Archey	601 Pennsylvania Ave NW North Bldg. Suite 600	Washington, DC 20004
V	Sam Block	Same	Same
V	Timothy Bennett	Same	Same
D	Maryann Fiala	12565 Research Pkwy Suite 300	Orlando, FL 32826

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:

Maryann Fiala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/05 407-882-2425

Date

Daytime Phone #

CR2E081 (01/05)