

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000007024**

1. Corporation Name

FRIENDLY ADVANCED SOFTWARE TECHNOLOGY, INC.

Principal Place of Business

1383-32 VETERANS HWY
HAUPPAUGE NY 11788

Mailing Address

1383-32 VETERANS HWY
HAUPPAUGE NY 11788

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1998

5. FEI Number

11-3161967

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	SAUNDERS, RON HOW BRILL, HOWARD	32550 WOODSIDE DRIVE 215 UNION BLVD., SUITE #400	EVERGREEN CO 80439 LAKEWOOD, CO. 80228
VPS	ROGERS, BRUCE L	1515 ARAPAHOE STREET TOWER 1 SUI	DENVER CO 80202
VPAS	GWIRTSMAN, CHARLIE R	1515 ARAPAHOE ST TOWER ONE SUITE	DENVER CO 80202
VPAS	BOCK, CHRISTOPHER J	1515 ARAPAHOE ST TOWER ONE SUITE	DENVER CO 80202

8. Name and Address of Current Registered Agent

MEISBAUER, JEFF
225 WEST BUSCH BLVD.
TAMPA FL 33112

9. Name and Address of New Registered Agent

Name **TERRY KOCH**
Street Address (P.O. Box Number is Not Acceptable)
225 W BUSCH BLVD
Suite, Apt. #, Etc.
City **TAMPA** State **FL** Zip Code **33612**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/16/01**

11. 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/15/01** 303 216 9500
Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 19 PM 3:13



REINSTATEMENT 01

CR2040 (8/01)