

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION



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

FOR REINSTATEMENT

P8192

FILED

00 OCT 30 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G48945

1. Corporation Name

ADVENT INTEGRATED TECHNOLOGIES, INC.

Principal Place of Business

1346 WOODWARD AVE
JACKSONVILLE FL 32207
US

Mailing Address

1346 WOODWARD AVE
JACKSONVILLE FL 32207
US

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

07/15/1983

5. FEI Number

59-2300203

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
PST	NELSON, ROBERT C, III	1346 WOODWARD AVE.	JACKSONVILLE FL
V	SCOTT M KRESS	7747 VALLEYVIEW DR	JACKSONVILLE FL

700003469497--9
-11/20/00--01011--010
****150.00 ****150.00
SP

8. Name and Address of Current Registered Agent

NELSON, ROBERT C. III
1346 WOODWARD AVE.
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Robert C. Nelson
REGISTERED AGENT MUST SIGN

Date *Oct 21, 2000*

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:

Robert C. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/2000 *904-398-8247*
Date Daytime Phone #

CR2E040 (8/00)

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October 21, 2000

Division of Corporations
Annual Report/Reinstatement Section
Tallahassee, Florida 32314-6327

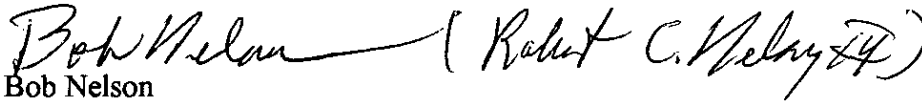
Dear Madam/Sir,

I received a Notice of Administrative Dissolution in the mail. I called your office and explained that I had not received any prior notification of this. This may have been due to an address change, although this did come to the correct address.

I was told to mail this explanation in with \$150.00 to be re-instated. If you need an expanded explanation of why I did not catch this, I can provide it. I am currently out on temporary total disability due to a serious injury – it is a long story.

Please take the steps required to assure that my corporation does not lapse.

Thank you very much!

 (Robert C. Nelson #4)
Bob Nelson

President
Advent Integrated Technologies, Inc.
1346 Woodward Ave.
Jacksonville, Florida 32207-6313
904-398-8247