

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 SEP 17 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

ADVANCED COMPOSITES INC

G 80350

2. Principal Office Address

32 GOLFVIEW CT.

3. Mailing Office Address

32 GOLFVIEW CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROTONDA WEST, FL

City & State

ROTONDA WEST, FL

Zip

33947

Country

US

Zip

33947

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

1/25/84

5. FEI Number

59-2344617

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

200007847592--6

-09/19/02--01043--017

\*\*\*\*150.00 \*\*\*\*150.00

**7. Name and Address of Current Registered Agent**

Name

ANDREW BENKOCZY

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

32 GOLFVIEW CT

Suite, Apt. #, Etc.

City

ROTONDA WEST

State

FL

Zip Code

33947

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

*Andrew Benkoczy*

REGISTERED AGENT MUST SIGN

Date

9/13/02

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
PRES	ANDREW BENKOCZY	32 GOLFVIEW CT	ROTONDA WEST, FL 33947
VP	GERALDINE BENKOCZY	32 GOLFVIEW CT	ROTONDA WEST, FL 33947

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

*Andrew Benkoczy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/13/02

941/697-9898

Daytime Phone #

CR20081 (9/01)

js 9/13/02

**Advanced Composites, Inc.**  
32 Golfview Court  
Rotonda West, FL 33947

**Phone: 941-697-9898**  
**Fax: 941-697-9899**

September 13, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: FEI #59-2344617**

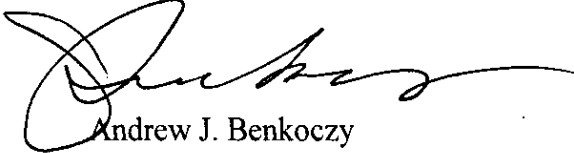
Gentlemen:

In the past year, the corporate offices for Advanced Composites, Inc. have moved to the above address. We did not receive the annual refiling form.

Enclosed herewith is a Corporate Reinstatement Form with our check for \$150.00.

Thank you for your attention.

Sincerely,



Andrew J. Benkoczy  
President

AJB/gb  
enclosures