
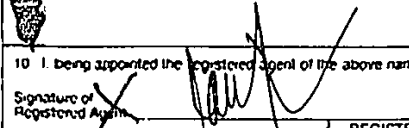



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 96 DEC 19 PM 3:06 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # J76653 (1)					
1. Corporation Name ADVANCETEC INDUSTRIES, INC.					
Principal Place of Business 19089 NE 3 CT N MIAMI BCH, FL 33179			Mailing Address 19089 NE 3 CT N MIAMI BCH, FL 33179		
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below</small>					
2. New Principal Office Address, if Applicable 451 N.E. 189 ST <small>Suite, Apt. #, etc.</small>		3. New Mailing Address, if Applicable 451 N.E. 189 ST <small>Suite, Apt. #, etc.</small>		4. Date Incorporated or Qualified To Do Business in Florida 06/05/87	
City & State MIAMI, FL		City & State MIAMI, FL		5. FEI Number 65-0175663	
Zip 33179		Zip 33179		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
PSD	KANTOR, SEYMOUR	451 N.E. 189 ST	MIAMI, FL 33179		
V	TONGIL	451 N.E. 189 ST	MIAMI, FL 33179		
10000203926 -12/27/96--01054 ****383.75 ****0383.75					
8. Name and Address of Current Registered Agent SEYMOUR KANTOR 19089 NE 3 CT N MIAMI BCH, FL 33179			9. Name and Address of New Registered Agent Name SEYMOUR KANTOR Street Address (P.O. Box Number is Not Acceptable) 451 N.E. 189 ST Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33179		
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:  REGISTERED AGENT MUST SIGN Date 12/17/96					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  SEYMOUR KANTOR Date 12/17/96 Daytime Phone # 305-651-3211					

REINSTATEMENT

CH20101253