

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K81439**

1. Corporation Name

Advanced Electronic Diagnostics

2. Principal Office Address **1128 Royal
palm Beach Blvd**

Suite, Apt. #, etc.

Suite 277

City & State

Royal palm Beach, FL

Zip

33411

Country

USA

3. Mailing Office Address

PO Box 221106

Suite, Apt. #, etc.

City & State

WPB, FL

Zip

33422

Country

USA

REINSTATEMENT 9902

600009222236

11/28/02--01035--006 **150.00

600009222236

12/30/02--01030--015 **1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

1989

5. FEI Number

592663588

Applied For

Not Applicable

6. ☐ CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nils Nilsson

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

13719 87 ST N.

Suite, Apt. #, Etc.

City

West palm Beach

State

FL

Zip Code

33412

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-13-02

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
P	Nils Nilsson	13719 87 ST. N. WPB, FL 33412	WPB, FL 33412

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-790-2400

Daytime Phone #

gs 112

CR2E081 (8/01)