

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000001190

1. Corporation Name

Advanced Settlements Management Company, LLC

2. Principal Office Address - No P.O. Box #

2101 Park Center Drive

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 220

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32835

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/2004

5. FEI Number
320105394

☐ 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

K. Scott Kirby

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

2101 Park Center Drive

Suite, Apt. #, Etc.

Suite 220

City

Orlando

State

FL

Zip Code

32835

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]

Date 04/22/09

REGISTERED AGENT MUST SIGN

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
MGRM	Kirby, K. Scott	9058 Harbor Isle Drive	Windermere FL 34786
MGRM	Ganovsky, Matthew A.	7851 Skiing Way	Winter Garden FL 34787
MGRM	McNealy, T. Sean	10649 Oakview Point Terrace	Gotha FL 34734

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 contained in Chapter 119, 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]

MGRM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/09

Date

407-455-7708

Daytime Phone #

FILED

09 MAY 12 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700155090557
05/01/09--01021--022 **150.00

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