

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP 30 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P0000015725**
1. Corporation Name **ADVANCED Visual Solutions INC**

2. Principal Office Address - No P.O. Box # 200 9th AVENUE North		3. Mailing Office Address 200 9th AVENUE North	
Suite, Apt. #, etc. Suite 210-12		Suite, Apt. #, etc. Suite 210-12	
City & State Safety Harbor, Florida		City & State Safety Harbor, Florida	
Zip 34695	Country United States	Zip 34695	Country United States

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 2/15/2000	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 59-3624238	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Jon Parks		
Street Address (P.O. Box Number Is Not Acceptable) 1830 WALES DRIVE		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32303

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09/30/11--01034--003 **1800.00

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  Date **9/29/2011**
REGISTERED AGENT MUST SIGN

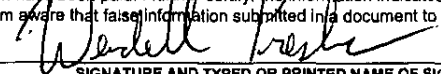
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Wendell Presha	200 9th AVENUE North Suite 210-12	Safety Harbor, Florida 34695

9/30/11

10. E-mail Address: **WINNOW1415@gmail.com**
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #