

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
DUPLICATE
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 3:39

DOCUMENT # **P00000026748**

1. Corporation Name

ADVANTAGE IN SUPPORT COORDINATION, INC.

Principal Place of Business

Mailing Address

7501 SW 16TH ST.
MIAMI FL 33155

7501 SW 16TH ST.
MIAMI FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0990874

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Ms.	Lisette Lorenzo	7501 S.W. 16th Street	miami, Florida 33155.

600004657386--2
-10/29/01--01095--011
****150.00 ****150.00

[Signature]

8. Name and Address of Current Registered Agent

n/a

9. Name and Address of New Registered Agent

LORENZO, LISSETTE E
7501 SW 16TH ST.
MIAMI FL 33155

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/16/01

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., 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:

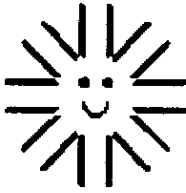
[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01
Date

(786) 388-0248
Daytime Phone #

CR2E040 (8/01)

Advantage in Support Coordination
7501 SW 16 Street
Miami, Florida 33155
Phone: 786-388-0248
Fax: 786-388-8543



Department of State
Division of Corporation
PO Box 6327
Tallahassee, Florida 32314

ATTN: Reinstatement Division

To Whom It May Concern:

I write this letter to your office because I received a notification of dissolution from your office last Thursday. After reviewing my records, and bank statements I have found that the check (# 1097) I originally mailed to you for \$ 150.00 on May 14,2001 was never cashed by your office. I am requesting that you accept my duplicate payment in the amount of \$150.00 for reinstatement. I have bank records that indicate that the check that I made out to your agency was never cashed and this information can and will be forwarded upon your request. I can be reached at the number listed above during working hours, otherwise I can be reached on my pager at (305)286-8303.

Thanking you in advance,

Lissette E. Lorenzo

cc: File