

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL -1 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/05/02--01083--012

*****300.00 *****300.00

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P00000045131

1. Corporation Name

Avant Garde Engineering, Inc.

2. Principal Office Address

21910 Hale Road

Suite, Apt. #, etc.

City & State

Land O' Lakes, FL

Zip

34639

Country

USA

3. Mailing Office Address

21910 Hale Road

Suite, Apt. #, etc.

City & State

same

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/05/2000

5. FEI Number

59-3665803

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ford, Buddy D.

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

115 N. MacDill Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

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

REGISTERED AGENT MUST SIGN

Date

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
PD	Raymond E. Olivier	21910 Hale Road	Land O' Lakes, FL 34639
VD	Winthrop S. Barnett	708 East Virginia Ave	Tampa, FL 33603

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.

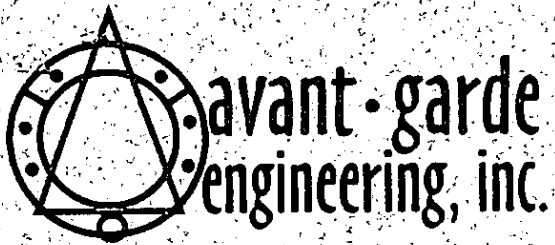
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/01)



June 21, 2002

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

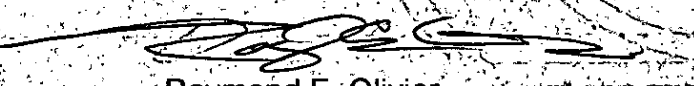
Dear State Officials:

It has recently come to my attention that our corporation status with the State of Florida is "inactive." After contacting your office, we discovered that the address you have on file for us is incorrect. Our annual filing package from your offices were never received by our staff. We are, therefore, requesting that our corporate status be reinstated without penalties.

I have enclosed a check for \$300, as instructed by your staff, for the years we have been inactive. I believe that the records have been adjusted accordingly per my telephone call. Should that not be the case, please change our address on file to that shown on the enclosed application.

Thank you in advance for your prompt cooperation.

Sincerely,


Raymond E. Olivier
President

21910 Hale Road
Land O' Lakes, FL 34639
tel: (813) 996-0850
fax: (813) 996-4350

5032 Calle Minorga
Sarasota, FL 34242
tel: (941) 312-9032
toll free: (888) 948-1510