

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

**REINSTATEMENT** 03-04  
MRB

500039257455  
07/16/04--01056--001 \*\*908.75

DOCUMENT # P00000045131

**1. Corporation Name**

Avant Garde Engineering, Inc.

1520 Land O Lakes Boulevard  
SAME

**2. Principal Office Address**

1520 Land O Lakes Boulevard

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

Tropical Village, Suite A

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Zip

33549

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida 2000**

**5. FEI Number**  
593665803

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

Buddy D. Ford, P.A.

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

115 North 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 Rd	Land O Lakes, FL 34639
VD	Winthrop S. Barnett	708 E. Virginia Ave	Tampa, FL 33603
DT	Tammy M. Olivier	21910 Hale Road	Land O Lakes, FL 34639

**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 #

CR2501 (01/04)