

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000112306

1. Corporation Name

ADVANCED RESEARCH CORPORATION

Principal Place of Business

4 HOOK RD
SHARON HILL PA 19079

Mailing Address

4 HOOK RD
SHARON HILL PA 19079

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/2000

5. FEI Number

52-2285846

Applied For

Not Applicable

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
P/D CEO/D	MIRRA, RAYMOND A JR. Mirra, Raymond A, Jr.	4 HOOK ROAD 4 Hook Road	SHARON HILL PA 19079 Sharon Hill PA 19079
S/D P	HOCHADEL, THOMAS Hochadel, Thomas	4 HOOK ROAD 4 Hook Road	SHARON HILL PA 19079 Sharon Hill PA 19079
T/D T	KOVINSKY, MARK Kovinsky, Mark	4 HOOK ROAD 4 Hook Road	SHARON HILL PA 19079 Sharon Hill PA 19079
VP	Horohonich, Stephen	4 Hook Road	Sharon Hill PA 19079
S	Troilo, Joseph A. Jr.	4 Hook Road	Sharon Hill PA 19079

8. Name and Address of Current Registered Agent

MEAD, CHARLES B JR
370 W CAMINO GARDENS BLVD, PLAZA 7, STE300
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

900008513849
11/05/02--01107--003 **150.00

FL

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-1-02

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 REQUIRED
Raymond A. Mirra, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-02

Date

(610)237-1851

Daytime Phone #

JOSEPH T. MOLIERI, JR.
ATTORNEY AT LAW

TEL: (610) 237-1851

4 HOOK ROAD
SHARON HILL, PA 19079

FAX: (610) 237-7115

November 1, 2002

VIA FEDERAL EXPRESS:

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: *Reinstatement of Administratively Dissolved Corporation*
ADVANCED RESEARCH CORPORATION, A Florida Corporation

Ladies/Gentlemen:

Enclosed please find the executed Application for Reinstatement of the above named Florida corporation. Also enclosed is a check made payable to the Florida Department of State in the amount of \$150.00 in payment of the 2002 Annual Fee.

As I discussed with a representative from your office, I am the individual who prepares and files annual reports for this corporation and I did not receive an annual report to file for this company during the past year. The enclosed Application for Reinstatement was received by my office on October 28, 2002 and I have endeavored to complete it, have it executed and file it as quickly as possible. Because I have not previously received an annual report to complete for this company, I request that the penalty be waived and that the enclosed Application for Reinstatement be approved and processed by your office.

Kindly advise me of the decision made regarding this Application for Reinstatement and my request for waiver of the penalty.

Thanking you for your consideration in this matter and awaiting your reply,

Very truly yours,


Joseph T. Moleri, Jr.

JTM/
Enclosures: as stated.