

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 24 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000003859

1. Corporation Name

Advantage Technology Manufacturing, Inc

2. Principal Office Address

2617 Canal Avenue

3. Mailing Office Address

2617 Canal Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, Florida

City & State

Panama City, Florida

Zip

32405

Country

USA

Zip

32405

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/01

5. FEI Number

None

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

Kimberly F. Pell, Attorney at Law

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

514 Magnolia Avenue

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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 February 19, 2003

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
D	Hodges, Fox H.	2046 Northshore Road	Lynn Haven, Florida 32444
D	Hodges, Nancy O.	2046 Northshore Road	Lynn Haven, Florida 32444
D	Brooks, Mark A.	4114 Kirkpatrick Road	Southport, Florida 32409

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:

Fox H. Hodges

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/19/03 850/522-9220

Daytime Phone #

CR25091 (1/002)

js 4/24

KIMBERLY FITZPATRICK PELL

Attorney at Law

514 Magnolia Avenue
Panama City, Florida 32401

Telephone (850) 763-5090

Telefax (850) 763-0647

February 19, 2003

Mr. Justin Shivers
Department of State
Corporate Filings
Post Office box 6327
Tallahassee, Florida 32314

Dear Mr. Shivers:

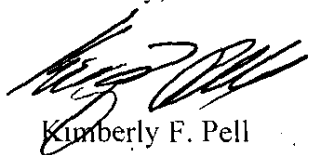
Speaking with you last week was a pleasure. Enclosed please find:

1. A completed and signed application for Corporation Reinstatement;
2. My client's \$300.00 check for the reinstatement fee;
3. A completed and signed Statement of Change of Registered Office or Registered Agent or Both;
4. Transmittal Letter; and
5. My client's \$35.00 check for the Statement of Change.

As we discussed, I am requesting a waiver of the balance of the reinstatement fees because the corporation's UBR forms were never received. The file from the previous registered agent substantiates this.

Please feel free to give me a call if you have any questions or need anything further. I appreciate your assistance and look forward to hearing from you.

Sincerely,



Kimberly F. Pell

enclosures as stated

cc: Advantage Technology Manufacturing, Inc.