

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAY -7 AM 8:40

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

UBR

DOCUMENT # **PO10000014461**

1. Corporation Name

AIS/P3, Inc

2. Principal Office Address

350 N Washington Avenue

Suite, Apt. #, etc.

City & State

Titusville, Florida

Zip

32796

Country

USA

3. Mailing Office Address

PO Box 5458

Suite, Apt. #, etc.

City & State

Titusville, Florida

Zip

32780

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2-8-01

5. FEI Number

59-3703888

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**7. Name and Address of Current Registered Agent**

Name

Daniel P Griffin

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

3636 S Washington Avenue

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32780

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

*[Signature]*

Date

5/2/03

REGISTERED AGENT MUST SIGN

**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
Pres	Daniel P Griffin	5770 Barna Avenue	Titusville, FL 32780
VP	Thomas L Parks	579 S Spoonbill	Sarasota, FL 34236

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/03

Date

(321) 383-0711

Daytime Phone #

CR2E081 (10/02)

5/16 ad