

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 -4 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000037216

1. Corporation Name

ADVANCED OUTDOOR SERVICES, INC.

Principal Place of Business

4811 NW 76TH PLACE
POMPANO BEACH FL 33073

Mailing Address

4811 NW 76TH PLACE
POMPANO BEACH FL 33073



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

REINSTATEMENT 02

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

04/12/2001

5. FEI Number

65-1093992

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	CHARLES DALE	4811 NW 76 PL	POMPANO BCH FL 33073

4000008792354

11/04/02--01110--001 **750.00

8. Name and Address of Current Registered Agent

DUNGEY, RICHARD J

1100 S. FEDERAL HIGHWAY
STUART FL 34994

9. Name and Address of New Registered Agent

Name

JANE RESTREPO

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

5423 NW 55 TER

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

Zip Code

33073

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

Jane Restrepo
REGISTERED AGENT MUST SIGN

Date

11/01/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/01/02 954-920089

CR2ED40 (8/02)