

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 OCT 29 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000067551

1. Corporation Name

ADVANT EDGE INC.

Principal Place of Business

10423 153RD CT. N.
JUPITER FL 33478

Mailing Address

10423 153RD CT. N.
JUPITER FL 33478



800008674348

10/29/02--01132--030 **150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
MRS	JOHN C DIECKMANN	10423 153RD CT. N.	JUPITER FL 33478
SE TR	JOAN A DIECKMANN	10423 153RD CT. N	JUPITER FL. 33478
V.P.	VANESSA BAIRD	"	"

8. Name and Address of Current Registered Agent

DIECKMANN, JOHN G
10423 153RD CT. N.
JUPITER FL 33478

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

10/24/02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

Date

(81) 570-184

Daytime Phone #

11/15/02

CR2040 (8/02)

advant edge+

10-24-02

Florida Dept. of State
Division of Corporations
Annual Report Section
PO box 6327
Tallahassee FL 32314-6327

Dear Sir /Madam:

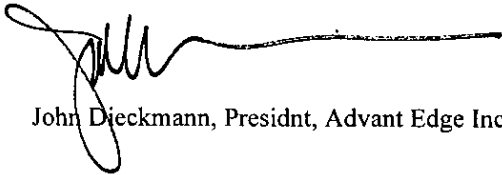
We recently received a NOTICE OF ADMINISTRATIVE DISSOLUTION.

We understand you say this follows two previous warning notices. Please be Advised, we never received any earlier notices and this is the first one in our receipt. We are a new Corporation and possibly this is the reason for this glitch.

We respectfully request the penalty fees be waived in this instance. Enclosed please find Our check for \$150.00.

Thanking you in advance for your cooperation in this matter

We remain, yours truly,



John Dieckmann, Presidnt, Advant Edge Inc.