

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 MAR 10 AM 10:06

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000067854

1. Corporation Name

ADVANCED COMPOSITE TECHNOLOGY, INC.

Principal Place of Business

COMMONWEALTH FINANCIAL CENTER  
12730 NEW BRITTANY BLVD. . 4TH FL  
FORT MYERS FL 33907

Mailing Address

COMMONWEALTH FINANCIAL CENTER  
12730 NEW BRITTANY BLVD. . 4TH FL  
FORT MYERS FL 33907

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

07/10/2001

5. FEI Number

65-1119362

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
CHAIRMAN	ROGER E. AHEARN D	2207 Engle Creek Road	BAANHART, MO 63012
CEO	JAY E. JONES D	6140 TIDEWATER ISLAND CIR	FORT MYERS FL 33908
PRESIDENT	JAMES P. ANTONIC D	9111 SOUTHMONT COVE #406	FORT MYERS FL 33908
VICE PRESIDENT	NICHOLAS K. CRAY	1533 HIGHLAND AVE	WILMETTE IL 60091
DIRECTOR	ROBERT JOHNSON D	640 CRICKLEWOOD TERR	HEATHROW FL 32746
DIRECTOR	RICHARD PLEAK D	803 E BEACHWOOD LANE	GREENSBURG FL 3240
	WILLIS CHANCK, GALT D	6559 HIGHCROFT DRIVE	NAPLES FL 34119

8. Name and Address of Current Registered Agent

ANTONIC, JAMES P  
9111 SOUTHMONT COVE  
#406  
FORT MYERS FL 33908

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

500011889735

02/05/03--01087--004 \*\*758.75

FL

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

*James P. Antonic*  
REGISTERED AGENT MUST SIGN

Date

800013553488  
03/05/03--01072--002 \*\*141.25

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

*James P. Antonic*  
JAMES P. ANTONIC

Date

Daytime Phone #

(239) 590 9050

CR2E040 (8/02)