

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

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

FILED

02 DEC 13 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000072057

1. Corporation Name

Advanced Incubator, Inc.

2002487

400009500444  
12/13/02--01020--013 \*\*150.00

2. Principal Office Address

2101 NW Corporate Blvd.

Suite, Apt. #, etc.

Suite 414

City & State Boca Raton,  
Florida

Zip

33431

Country

USA

3. Mailing Office Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/01

5. FEI Number

02-0546060

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

Kenneth S. Pollock

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

2101 NW Corporate Boulevard

Suite, Apt. #, Etc.

Suite 414

City

Boca Raton

State  
FL

Zip Code

33431

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

*Kenneth S. Pollock*

Date

12/9/12

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
P/S/T Dir.	Kenneth S. Pollock	2101 NW Corporate Blvd.	Boca Raton, Florida
			33431

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:

*Kenneth S. Pollock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/02

Daytime Phone #  
561-997-9920

CR2E981 (9-01)

153

20f2

**NEWMAN, POLLOCK & KLEIN, LLP**  
**ATTORNEYS & COUNSELORS**

2101 NW Corporate Blvd.  
Suite 414  
Boca Raton, Florida 33431  
<http://www.npk-law.com>

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IRWIN J. NEWMAN  
KENNETH S. POLLOCK  
JEFFREY G. KLEIN  
MINDY DATZ

December 9, 2002

Department of State  
Division of Corporations  
Reinstatement Division  
P.O. Box 6327  
Tallahassee, FL 32314

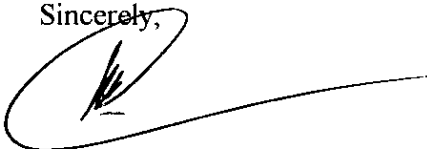
RE: Advanced Incubator, Inc.

To Whom It May Concern:

As per my conversation with an examiner from your office, enclosed please find a completed Reinstatement Form for the above-named corporation. We never received any notices pertaining to the deadline due date of the UBR report and therefore are requesting a reinstatement. Also enclosed is the necessary check for \$150.00.

Thank you kindly for your assistance with this matter.

Sincerely,



Jeffrey G. Klein

JGK/dlv

Enclosures