

1082
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P01000072057

1. Corporation Name

Advanced Incubator, Inc.

200
2

2. Principal Office Address

2101 NW Corporate Blvd.

3. Mailing Office Address

Suite, Apt. #, etc. SAME AS PRINCIPAL

Suite, Apt. #, etc.

Suite 414

Suite, Apt. #, etc.

City & State

Boca Raton,
Florida

City & State

Zip

33431

Country
USA

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 12/9/01

REGISTERED AGENT MUST SIGN

CR2E981 (9-01)

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

Date 12/9/02 Daytime Phone # 561-997-9920

163

20f2

NEWMAN, POLLOCK & KLEIN, LLP
ATTORNEYS & COUNSELORS

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

Telephone: 561-997-9920

Fax: 561-241-4943

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