

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 16 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009824835

01/06/03--01001--018 **150.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P01000076647**

1. Corporation Name

ADVANCED LINK SYSTEMS INC.

2. Principal Office Address

5723 NW 112 PL

Suite, Apt. #, etc.

3. Mailing Office Address

5723 NW 112 PL

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33178

Country

City & State

Miami FL

Zip

33178

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/25/2001

5. FEI Number

65-1144470

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

STACEY RODRIGUEZ

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

5723 NW 112 PL

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

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

X *[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/12/02

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
PD	RAMONA ECHEVERRI	5723 NW 112 P	Miami FL
VP/D	STACEY RODRIGUEZ	5723 NW 112 PL, Miami, FL	Miami FL

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/02

Daytime Phone #

CR2E081 (9/01)

gs 12/16

Advanced Link Systems Inc.
5723 NW 112 PL
MIAMI, FL 33178

Thursday, December 12, 2002

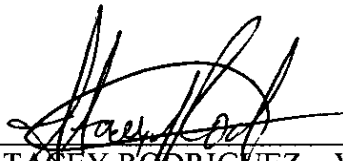
DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 1500
TALLAHASSEE, FL 32302

RE: UNIFORM BUSINESS REPORT #P01000076647

We are in receipt of the second request to pay the annual dues for our for profit corporation. We apologize; we never received any of the prior notices.

Please, we did not intentionally filed late because we never received any correspondence from your department by the post office. We moved and forgot to notify the department of our new address. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$150.00. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.



STACEY RODRIGUEZ - VICE-PRESIDENT