

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JAN -9 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000092980

1. Corporation Name ADVANS ENTERPRISE Inc.

800026602338  
01/09/04--01038--011 \*\*300.00

<b>2. Principal Office Address</b> 4960 SW 52nd Street Suite, Apt. #, etc. Suite 412 City & State Davie, FL Zip 33314 Country USA		<b>3. Mailing Office Address</b> 4960 SW 52nd Street Suite, Apt. #, etc. Suite 412 City & State Davie, FL Zip 33314 Country USA	
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**REINSTATEMENT** 03-04

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 9/24/2001	
<b>5. FEI Number</b> 59-3745822	Applied For Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

**7. Name and Address of Current Registered Agent**

Name Vance Johnson	
Street Address (P.O. Box Number is Not Acceptable) 4960 SW 52nd Street	
Suite, Apt. #, Etc. 412	
City Davie	State FL Zip Code 33314

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

REGISTERED AGENT-MUST SIGN

Date 1/7/2004

**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
PST	Vance Johnson	4960 SW 52nd Street	Davie, FL 33314

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vance Johnson

1/7/2004

Date

Daytime Phone #

(954-791-9030)

CR2E081 (10/02)

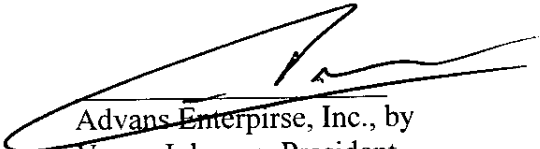
Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Advans Enterprise  
Document No. P01000092980

Dear Sir or Madam:

Please be advised that we never received the forms to file the Annual Report. Our attorney is enclosing a check for \$300.00 for 2003, and 2004. Should you need any additional assistance, please contact our attorney, Thomas J. Shea III, at (954) 389-5270 x 3, or 644 SE 4<sup>th</sup> Ave, Fort Lauderdale, FL 33301.

Again, thank you for your assistance in this matter



Advans Enterprise, Inc., by  
Vance Johnson, President

-The Law Office of -  
*Thomas J. Shea III, P.A.*

644 S. E. 4<sup>th</sup> Ave.  
Fort Lauderdale, FL 33301  
Web: [tjshealaw.com](http://tjshealaw.com)

Phone (954) 389-5270  
Fax (954) 764-6789  
Email: [tjshealaw@msn.com](mailto:tjshealaw@msn.com)

Thomas J. Shea III

January 7, 2004

Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

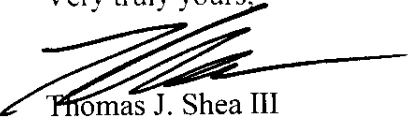
Via FEDEX

Re: Advans Enterprise Inc.

Dear Sir or Madam:

Enclosed you will find the Application for Corporate Reinstatement, and my Trust Account Check no. 3070, in the amount of \$300.00. Should you need any additional assistance, please contact my office at the above address.

Very truly yours,



Thomas J. Shea III  
TJS/dbm