PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION							
/- FOR	: -						
RÉINSTATEI	MENT						



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

P01000103130 **DOCUMENT #**

1. Corporation Name

AIS INC.

Principal Place of Business

Mailing Address

672 STILL MEADOWS CIRCLE EAST PALM HARBOR FL 34683

672 STILL MEADOWS CIRCLE EAST PALM HARBOR FL 34683

FILED

02 OCT 22 PM 1: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA



			ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 10/24/2001			
Suite, Apt. #, etc. City & State — City & State Zip Country Zip		Suite, Apt. #			5. FEI Numbe	5. FEI Number Applied For		
		- City & State			59-37/2823 Not Applicable			
		Country		6. CERTIFICATE OF STATUS DESIRED 6 58.75 Additional Fee require for a Certificate of Status				
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofii	t corporations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors		3	Street Address of Ear Officer and/or Direct	-	City / State / Zin		
D	MACNEIL, MICHAEL	672 STILL MEADOWS CIRCLE			AST	PALM HARBOR FL 34683		
D	D MACNEIL, HELENE		672 STILL MEADOWS CIRCLE EAST		PALM HARBOR FL 34683			
				# 10E1109. #				
						500008546	3095	
				•	10/23/	\$00008546 0201054006	**150.00	
8. Name and Address of Current Registered Agent				9. Name and	Address of New Registered	Agent		
MACNEIL, MICHAEL 672 STILL MEADOWS CIRCLE EAST					Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
PALM HARBOR FL 34683			Suite, Apt. #, Et					
				City		State	Zip Code	

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

REGISTERED AGENT MUST SIGN

Date 10-21-02



From the desk of the President of AIS Inc.

10-21-02

To: Whom it may concern

Re: UBR notices not received to date

This is inform that AIS Inc. located at 672 Still Meadows Circle East, Palm Harbor, Florida 34683 has not received any UBR for FY 2002.

We are currently filing the Application for Reinstatement and will be send that along with the payment.

Please call with any questions or concerns at 727-786-1009

DAMMe // 10-21-02

Sincerely,

Michael MacNeil

President of AIS Inc.

672 Still Meadows Circle East

Palm Harbor, Fl. 34683

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

To Whom it May Concern:

I spoke with Barbara on October 21, 2002 In regard that our corporation needed to be reinstated and advised her of our move to a new location and non receipt of our original renewal that I always forwarded on to my accountant as she handles all of our government matters by advising me as to what is due and when. Barbara advised me to make a note that in January of each year renewals are sent and advised to make a note in which I will do, she also stated to send a check in the amount of \$150.00 for this years payment and to change our mailing address.

Please accept my apologies for any oversight that I have given this matter. If you have any questions please do not hesitate to call

Sincerely,

Justine Walker 352-796-7974