

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

OR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109324

1. Corporation Name

A.O.G. ELECTRONIC SOLUTIONS, INC.

Principal Place of Business

2700 W ATLANTIC BLVD SUITE 112  
POMPANO BEACH FL 33069

Mailing Address

2700 W ATLANTIC BLVD SUITE 112  
POMPANO BEACH FL 33069

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

31-1809689

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
S	COLON, SELENE	2700 W ATLANTIC BLVD	POMPANO BEACH FL 33069

800008626828  
10/28/02--01090--010 \*\*150.00

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

COLON, SELENE  
2700 W ATLANTIC BLVD  
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name

Jari Tovar

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

2700 W. ATLANTIC Blvd.

Suite, Apt. #, Etc.

214

City

Pompano Beach

State

FL

Zip Code

33069

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Handwritten signature*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

*Handwritten signature*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

**A.O.G. ELECTRONIC SOLUTIONS INC.**



2700 West Atlantic Blvd. Suite 214 ♦ Pompano Beach, FL. 33069  
Phone 954-972-4258 ♦ Fax 954-972-4825

October 25, 2002

**DEPARTMENT OF STATE**

To Dept of state representative. I Selene Colon would like to formerly state that we have not received the necessary uniform business reports. We originally occupied suite 112 at 2700 West Atlantic Blvd. In Pomapno Beach, FL. Soon after the inception of this business we moved upstairs to suite 214. Our best estimation is that some mail was not properly forwarded. Our accounting dept as well as management has not received this uniform business report. Please note we would like to comply with the law and reinstate the business as soon as possible. Please feel free to call of fax if there are any problems.

Sincerely

A handwritten signature in cursive script, appearing to read "Selene Colon", followed by a horizontal line.

Selene Colon

A.O.G. Electronic Solutions, Inc.  
Direct# 954-917-8242