

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000007771**

1. Corporation Name

**ADVANCED INDUSTRIAL ELECTRICAL SYSTEMS, INC.**

Principal Place of Business

Mailing Address

7283 NEWFIELD DR.  
TALLAHASSEE FL 32303

7283 NEWFIELD DR.  
TALLAHASSEE FL 32303

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/23/2002

5. FEI Number

593286712

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	SHIELDS, STEPHEN VAN	7283 NEWFIELD DR.	TALLAHASSEE FL 32303

200026912832  
01/14/04--01025--018 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHIELDS, JOSEPH L ESQ  
2497 TALLAVANA TRAIL  
HAVANA FL 32333

Name

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

MO DEER PASS EAST

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Joseph L Shields*  
REGISTERED AGENT MUST SIGN

Date 12-30-03

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:

*Stephen V. Shields*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 30, 2003 570-7120  
Date Daytime Phone #

FILED

03 DEC 30 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03

CR2E040 (7/03)