

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 AUG 30 PM 1:48

DOCUMENT # *P02-7771*

1. Corporation Name
Advanced Industrial Electrical Systems, Inc.

2. Principal Office Address
7283 Newfield Dr.

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

Zip
32303

Country
Leon

3. Mailing Office Address
7283 Newfield Dr.

Suite, Apt. #, etc.

City & State
Tallahassee, FL.

Zip
32303

Country
Leon

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
593286712

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
Annette L Shields

Street Address (P.O. Box Number is Not Acceptable)
140 Dees Pass East

Suite, Apt. #, Etc.

City
Havana

State
FL

Zip Code
32333

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

Annette L Shields

REGISTERED AGENT MUST SIGN

Date *8-29-06*

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
Pres.	Stephen Van Shields	7283 Newfield Dr.	Tallahassee, FL. 32303

REINSTATEMENT

*04-06
GS*

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08/30/06--01039--023 **1058.75

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 contained in Chapter 119, 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:

Van Shields Van Shields

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 30, 2006

Date

(950)

570-7120

Daytime Phone #