

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000049261**

**1. Corporation Name**

A.O.S., INC.

**2. Principal Office Address**

7984 SW JACK JAMES DR.

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34997

Country

MARTIN

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/29/02

**5. FEI Number**

74-3043182

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

CHUCK CLARK

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

7984 SW JACK JAMES DR.

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

**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

Date

9-5-03

REGISTERED AGENT MUST SIGN

**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
VP/SEC	CHUCK CLARK	7984 SW JACK JAMES DR.	STUART, FL 34997
P	LOUIS MARTIN, JR.	7984 SW JACK JAMES DR.	STUART, FL 34997

**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

9-5-03

Date

(772) 283-7364

Daytime Phone #

FILED

03 SEP 22 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000023821090

10/15/03--01063--006 \*\*150.00

CR2E081 (10/02)

September 5, 2003

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: P02000049261 - A.O.S., Inc.  
74-3043182 - Corporate Reinstatement form

To Whom It May Concern:

Enclosed you will find a copy of my State of Florida Corporate Reinstatement form. We were completely unaware that our corporate status was being dissolved, as we never received the Annual report forms. We believe this was due to our relocation of our corporate offices. To this point we have never received our annual report forms for the year 2003. We had no desire to avoid these forms we simply never received them. In light of the fact that we never received the forms to file our annual report we would request that you accept the enclosed check in the amount of \$150.00 for the annual fee for the year 2003, and reinstate our corporate status as soon as possible. Please abate the penalties on our account and reinstate us with the as shown on the enclosed reinstatement form. If you have any further questions on our account please contact us directly at 772-283-7364. Thank you in advance for your time and consideration in this matter.

Sincerely,



Chuck Clark