

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV -7 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10172008- REIN-P- CR2E098 (1/07)

DOCUMENT # P02000092831

1. Entity Name
ADVANCED QUALITY HEARING SYSTEMS INC.



Principal Place of Business
**2900 W. SAMPLE RD.
0127
POMPANO BEACH, FL 33073**

Mailing Address
**2900 W. SAMPLE RD.
0127
POMPANO BEACH, FL 33073**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
2900 W. Sample Rd #0127

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State

Zip
33073

Country
USA

Zip

Country

4. FEI Number
30-0129614

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FREIA, KENNETH
6986 PALMETTO CIR. SOUTH, APT 617
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name
Freia, Kenneth

Street Address (P.O. Box Number is Not Acceptable)
9520 Ohio Place

City
Boca Raton

State
FL

Zip Code
33434

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ken Freia* **10/31/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREIA, KENNETH 6986 PALMETTO CIR. SOUTH, APT 617 BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000136979820 10/16/08--01032--004 **550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000136979820 11/07/08--01016--006 **208.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ken Freia* **10/31/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #