

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 10, PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-02000100550

1. Corporation Name

Advanced Tel-Con Maintenance Inc.

2. Principal Office Address

1252 Stadler Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1252 Stadler Dr.

Suite, Apt. #, etc.

City & State

Ft Myers

City & State

Ft Myers

Zip

33901

Country

USA

Zip

33901

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-17-2002

5. FEI Number

500-00-6143

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

Andrew Thomas Mackay 9/02/03 90188 096 \$550.00

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

1252 Stadler Ave.

Suite, Apt. #, Etc.

City

Ft Myers

State

FL

Zip Code

33901

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

[Signature]

Date

9.3.04

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
<u>V.P.</u>	<u>Andrew Thomas Mackay</u>	<u>1252 Stadler Dr.</u>	<u>Ft Myers / FL / 33901</u>

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

9.3.04

Date

239-410-4333

Daytime Phone #