

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

10 JUN -7 AM 8:26

DOCUMENT # **P03000032385**

1. Corporation Name

**Advanced Electric and
Fire Alarm, Inc.**

000181776420
06/07/10--01063--011 **450.00

000181776420
06/07/10--01063--011 **48.75

KS

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #

3719 W. Gardenia Ave.

Suite, Apt. #, etc

3. Mailing Office Address

3719 W. Gardenia Ave.

Suite, Apt. #, etc

City & State

Weston, Florida

City & State

Weston, Florida

Zip

33332

Country

USA

Zip

33332

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

3/17/2003

5. FEI Number

510453547

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 **Walford Green**

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

3719 W. Gardenia Ave.

Suite, Apt. #, Etc

City **Weston**

State **FL**

Zip Code **33332**

PROFIT CORPORATIONS ONLY
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____

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
V/D	Walford Green	3719 W. Gardenia Ave. Weston, FL 33332	Weston, FL 33332

10. E-mail Address: **wsgreen55@hotmail.com**
(To be used for future annual report notification)

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. I further certify, 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: _____

Director 6-2-10

754-234-4130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #