

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL -1 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P0400015 1614**

1. Corporation Name

Advancer Maintenance Group Corp

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

8740 Crestgate Cir

Suite, Apt. #, etc.

100

City & State

Orlando, FL

Zip

32819

Country

US

3. Mailing Office Address

8740 Crestgate Cir

Suite, Apt. #, etc.

100

City & State

Orlando, FL

Zip

32819

Country

US

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied for

☒ 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

Kietta Gamble

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

8740 Crestgate Cir

Suite, Apt. #, Etc.

100

City

Orlando

State

FL

Zip Code

32819

☒ The 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

Kietta Gamble

REGISTERED AGENT MUST SIGN

Date **4/7/09**

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
P	Kietta Gamble	8740 Crestgate Cir	Orlando, FL 32819
CEO	Sammy Gamble III	8740 Crestgate Cir	Orlando, FL 32819
SEC	Kietta Gamble	8740 Crestgate Cir	Orlando, FL 32819

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07/01/09--01006--024 **458.75

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:

Kietta Gamble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/09 407-860

Daytime Phone #

0453