

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY 28 AM 11:55
STATE
TAMPA

DOCUMENT # P06000137261

1. Corporation Name
Advanced Resource Solutions, Inc.

2. Principal Office Address - No P.O. Box #
550 N. Reo Street

Suite, Apt. #, etc.
Suite 300

City & State
Tampa, FL

Zip 33609 Country USA

3. Mailing Office Address
550 N. Reo Street

Suite, Apt. #, etc.
Suite 300

City & State
Tampa, FL

Zip 33609 Country USA

900181474559
05/28/10--01020--014 **1050.00
REINSTATEMENT 08-10
CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida
October 30, 2006

5. FEI Number 20-5807614
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
Gregory P Charette

Street Address (P.O. Box Number is Not Acceptable)
6409 Moss Way
Suite, Apt. #, Etc.

City Tampa State FL Zip Code 33625

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
P	Gregory Charette	6409 Moss Way	Tampa, FL 33625
V	Julie Charette	6409 Moss Way	Tampa, FL 33625
V	Benjamin Charette	6409 Moss Way	Tampa, FL 33625

10. E-mail Address: cocoalude@tampabay.rr.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: Gregory P. Charette Gregory P. Charette, President 5-25-10 813.261.5164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1260