2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000036513

1. Entity Name
ADVANCE SOLDER TECHNOLOGY, INC.

FILED
07 OCT 18 AM 10: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
571 HAVERTY COURT ROCKLEDGE, FL 32955-3609	571 HAVERTY COURT ROCKLEDGE, FL 32955-3609

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
571 R Haverty Court	571 R Haverty Court
Suite, Apt. #, etc. R	Suite, Apt. #, etc. R
City & State: Rockledge Fla	City & State: Rockledge Fla
Zip: 32955 Country: USA	Zip: 32955 Country: USA

100 REINSTATEMENT 98 (1/07) 07

4. FEI Number 59-3234699 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PROCKO, PAUL J
1941 HIGHWAY A1A
407
SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 [signature] 10/11/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ROBINSON, JOHN 447 GRAHAM DR. COPPELL, TX 75019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOBEW, LEO 8951 LAKE DRIVE CAPE CANAVERAL, FL 32920	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200111814152 10/19/07--01053--010 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PROCKO, PAUL 1941 HIGHWAY A1A # 407 SATELLITE BEACH, FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/22	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 10/11/07 3216365108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #