

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP 22 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA5000007671

1. Corporation Name

Advanswars, inc.

Principal Place of Business

Mailing Address

140 N. Orlando Ave
Suite 150
Winter Park, FL 32789

140 N. Orlando Ave
Suite 150
Winter Park, FL 32789

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1995

5. FEI Number

59-3291734

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	Kevin Downs	140 N. Orlando Ave Suite 150	Winter Park, FL 32789

REINSTATEMENT

96-97

SC 9-24-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Kevin Downs 140 N. Orlando Ave Suite 150 Winter Park, FL 32789	Name SANDRO2302725--B Street Address (P.O. Box Number is Not Acceptable) 13724/97--01038--012 Suite, Apt. #, Etc. ****923.75 ****923.75 City State FL Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/15/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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] Kevin Downs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/97
Date

407.627-6774
Daytime Phone #

CR2ED40 (12/95)