

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Kathryn Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

50 JUN 21 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **996000024304**

1. Corporation Name

ADVANCED Carbon Composites Inc.

Principal Place of Business

Mailing Address

**6129 Anno Ave
Orlando - FL 32809**

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

4. Date Incorporated or Qualified
To Do Business in Florida

3/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59.3367595

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	Kim L. Davis	1272 Windsong Rd	Orlando, FL 32809
VTD	Leslie B. Siegel	990 Paces Circle 300	Apopka, FL 32703

3000002414633--E
-06/24/99--01037--010
***\$108.75 ***\$108.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Leslie B. Siegel

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

6129 Anno Ave.

Suite, Apt. #, Etc.

City

Orlando

State

Zip Code

FL

32809

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

LSB

REGISTERED AGENT MUST SIGN

Date

6/17/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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., and 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:

Kim L. Davis

Kim L. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/99

Date

1-407 899-6153

Daytime Phone #

CR2081 (12/98)