PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

97 APR

FILED
97 DEC -8 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

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

DOCUMENT # P96000040045

1. Corporation Name

ADVANCED SYSTEMS & SERVICES INC.

Principal Place of Business	Mailing Address
978 S. DIXIE HIGHWAY POMPANO BEACH FL 33060	978 S. DIXIE HIGHWAY POMPANO BEACH FL 33060

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.	900 SE 4th Ave Suite, Apt. #, etc.
City & State	Pompano Bch Fla City & State
Zip / Country	33060 Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/09/1996

5. FEI Number: 65-0664257 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SENNELLO, JAMES III	900 S.E. 4TH AVENUE	POMPANO BEACH FL 33060
STD	MEI, ROBERT	391 S.E. 1ST AVE.	POMPANO BEACH FL 33060
			500002371325--3 -12/12/97--01117--012 ****165.00 ****165.00
			A. Alan 12/8/97

8. Name and Address of Current Registered Agent

SENNELLO, JAMES III
900 S.E. 4TH AVENUE
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/97)

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 _____ (REGISTERED AGENT MUST SIGN) Date 11/15/97

11. This corporation owes or has paid 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., 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: _____ JAMES SENNELLO III 11/15/97 954 9417777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

11/15/97

Advanced Systems + Services
978 South Dixie Hwy
Pompano Bch, Fla 33060

To Whom it may Concern:

We never received our original form. Please change our address. to: 900 SE 4th Avenue, Pompano Beach, Fla 33060. Our dissolution form was forwarded. Please correct mailing address. I have enclosed the check for $165.00 as directed by Amy Allen who is dealing penalties. Thanks for your prompt attention concerning this matter. This problem will never happen again.

Thank you,