

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA0000044055**

1. Corporation Name

Advance Systems Consultants, Inc

2. Principal Office Address

3527 Rosslare Lane

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33803

Country

USA

3. Mailing Office Address

P.O. Box 1028

Suite, Apt. #, etc.

City & State

Highland City, FL

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-17-96

5. FEI Number

59-3381622

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

Stephen L. Thomas

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

3527 Rosslare Lane

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33803

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

Stephen L. Thomas

Date **9-26-01**

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
Pres.	Stephen L. Thomas	3527 Rosslare Lane	Lakeland, FL 33803

10. 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:

Stephen L. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-26-01

Daytime Phone #

863-647-1421

CR2E081 (9/00)