

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000055267

1. Corporation Name

Advanced Capital Resources

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-11/30/00--01036--023
****158.75 ****158.75

2. Principal Office Address

1761 W. Hillsboro Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 328

City & State

City & State

Deerfield Beach, FL

Zip

Country

Zip

Country

33442

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/28/96

5. FEI Number

65-0698402

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

ELVARADO BAPTISTE

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

1761 W. HILLSBORO BLVD.

Suite, Apt. #, Etc.

328

City

DEERFIELD BEACH

State

FL

Zip Code

33442

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

Elvarado R Baptiste
REGISTERED AGENT MUST SIGN

Date Nov. 3, 2000

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
P	KATHLEEN RILEY	1489 Morning Crescent St.	Henderson, NV 89052
DR.	KATHLEEN RILEY	1489 Morning Crescent St.	Henderson, NV 89052

06 UBL T8

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:

Kathleen Riley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 3, 2000
Date

702-210-7544
Daytime Phone #

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November 1, 2000

Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Katherine Harris:

Please find enclosed a check in the amount of \$158.75 for the annual fee to be applied to Advance Capitol Resources, Inc., a Florida corporation, with a Certificate of Status Request. We never received any letter or preprinted forms for the year 2000 and made contact in this regard. Subsequently, we sent the aforementioned amount for the annual fee and we understand that you never received it at all.

We are hereby requesting that all late fees be waived and that Advance Capitol Resources, Inc. is actively reinstated upon receipt of the funds enclosed. Should you have any comments or questions, please feel free to call us at our Florida office at (954)-429-8967.

Thank you,



Mark D. Bogen
Advance Capitol Resources, Inc.