

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 23 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000092493

1. Corporation Name AEC National, Inc.

2. Principal Office Address

5150 Tamiami Trail North

Suite, Apt. #, etc.

Suite 600

City & State

Naples, Florida

Zip

34103

Country

U.S.A.

3. Mailing Office Address

5150 Tamiami Trail North

Suite, Apt. #, etc.

Suite 600

City & State

Naples, Florida

Zip

34103

Country

U.S.A.

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

November 12, 1996

5. FEI Number

59-3409583

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

Robert G. Menzies, Esquire c/o Roetzel & Andress

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

850 Park Shore Drive

Suite, Apt. #, Etc.

Third Floor

City

Naples

State

FL

34103

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

REGISTERED AGENT MUST SIGN

Date

10-20-2000

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
C/S/T/D	Paul V. Voinovich	3794 Cracker Way, SW	Bonita Springs, Florida 34134
P/D	Jeffrey A. Nunner	3871 Midshore Drive	Naples, Florida 34109
V/D:	Harry D. Keagler	8890 Fox Hill Drive	Kirtland, Ohio 44094

REINSTATEMENT 2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/2000 941-263-3700

CR2E081 (9/99)