PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

H00000012891

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 22 PM 3:34

REINSTATEMENT 98-00

DOCUMENT # P97000029771

1. Corporation Name
Advanced Information Technologies, Inc.

2. Principal Office Address	3. Mailing Office Address
10163 NW 48th Drive	10163 NW 48th Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, Florida	City & State: Coral Springs, Florida
Zip: 33076 Country: Broward	Zip: 33076 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 03/31/97

5. FEI Number: 65-0774306 Applied F / Not Appli

6. CERTIFICATE OF STATUS DESIRED [X]

7. Name and Address of Current Registered Agent

Name: John Olive
Street Address (P.O. Box Number is Not Acceptable): 10163 NW 48th Drive
Suite, Apt. #, Etc.:
City: Coral Springs State: FL Zip Code: 33076

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: John Olive Date: 03/22/2000

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	John Olive	10163 NW 48th Drive	Coral Springs/Florida/33076

3/23 aw

10. I certify that I am an officer or director of 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: John Olive 03/22/2000 954-346-6447

SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Telephone Number

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PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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Division of Corporations
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From:
Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

CORPORATION REINSTATEMENT

ADVANCED INFORMATION TECHNOLOGIES INC.

Certificate of Status	1
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