

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 20 PM 12:44

DOCUMENT # P97000033570

1. Corporation Name

ADVANCED AIR & ELECTRIC INC.

Principal Place of Business

625 N. CENTRAL AVE.  
ORLANDO FL 32765

Mailing Address

625 N. CENTRAL AVE.  
ORLANDO FL 32765



REINSTATEMENT

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. 35 Sweetwater Creek Cir  
City & State Oviedo Florida  
Zip 32765 Country Seminole

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite 15519 US Hwy 441 A-101  
City & State Eustis Florida  
Zip 32726 Country Lake

4. Date Incorporated or Qualified To Do Business in Florida

04/14/1997

5. FEI Number

New 22 375 9037  
59-3440300

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<u>D</u>	<u>HERROLD, DANIEL R</u>	<u>625 N. CENTRAL AVE.</u>	<u>ORLANDO FL 32765</u>
<u>P</u>	<u>Sharon L White</u>	<u>35 Sweetwater Creek Cir</u>	<u>Oviedo FL 32765</u>

800003455758--9  
11/07/00-01101-012  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

HERROLD, D  
625 N CENTRAL AVE  
OVIEDO FL 32765

9. Name and Address of New Registered Agent

Name Sharon L White  
Street Address (P.O. Box Number is Not Acceptable) 35 Sweetwater Creek Cir  
Suite, Apt. #, Etc.  
City Oviedo State FL Zip Code 32765

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 Sharon L White  
REGISTERED AGENT MUST SIGN

Date 10/18/00

11. 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.

AD

SIGNATURE: Sharon L White  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/18/00

Daytime Phone # 3523571555