

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine B. Bush
Secretary of State
DIVISION OF CORPORATIONS

FILED

O1 OCT 24 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000070928

1. Corporation Name

ADVANCED DETECTION TEAM, INC.

Principal Place of Business

Mailing Address

8535 BAYMEADOWS RD
STE 44
JACKSONVILLE FL 32256
US

8535 BAYMEADOWS RD
STE 44
JACKSONVILLE FL 32256
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FBI Number

59-3462887

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	HENSLEY, WESLEY T	8535 BAYMEADOW RD STE 44	JACKSONVILLE FL 32256

400004673414--1
-11/14/01--01030--010
***150.00 ***150.00

11LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENSLEY, WESLEY T
3752 SANCTUARY WAY SOUTH
JACKSONVILLE FL 32250

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Wesley T Hensley

Date

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

Wesley T Hensley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 730 0080

CR2E040 (8/01)



✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

October 22, 2001

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document P97000070928 – Advanced Detection Team, Inc..

Dear Sir/Madam,

Please see the attached Application for Reinstatement for our client listed above. We are requesting a waiver of the late fee and ask that you accept the enclosed application with the payment of \$150.00 for 2001.

Mr. Hensley, President of the above Corporation, did not receive his required reports for the 2001 registration period. He has only received the reinstatement application and brought this to our attention when he came to our office for tax preparation in October of this year. He has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely.

Thank you for your help with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,


Beverlee A. Flowers, E.A.

Enclosure: Application For Reinstatement
Check #1266