## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR FILED REINSTATEMENT P97000070928 **DOCUMENT #** DI OCT 24 AM 10: 05 1. Corporation Name SECRETARY OF STATE
TALLAHASSEE: FLORIDA ADVANCED DETECTION TEAM, INC. Principal Place of Business Mailing Address 8535 BAYMEADOWS RD 8535 BAYMEADOWS RD STE 44 STE 44 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 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 Date Incorporated or Qualified
 To Do Business in Florida 08/15/1997 Suite, Apt. #, etc. 5.-FEI Number Applied For 59-3462887 City & State City & State Not Applicable Zip Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director **DPST** HENSLEY, WESLEY T 8535 BAYMEADOW RD STE 44 JACKSONVILLE FL 32256 \*\*\*\*150.00 \*\*\*\*150.00 LS 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name HENSLEY, WESLEY T Street Address (P.O. Box Number is Not Acceptable) 3752 SANCTUARY WAY SOUTH JACKSONVILLE FL 32250 Suite, Apt. #, Etc.

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 filling 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:

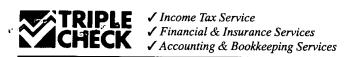
Signature of Registered Agen

E OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

94 7300080

Zip Code



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