

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
DR UBR
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 21 AM 8:01

DOCUMENT # **P97000072446**

1. Corporation Name

Advanced Engineered Systems Corp.

2. Principal Office Address

3904 Corporex Park Dr.

Suite, Apt. #, etc.

102

City & State

Tampa Florida

Zip

33619

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

1

Zip

—

Country

—

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

8-22-1997

5. FEI Number

59-3463609

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

Gregory D. Thomas

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

3904 Corporex Park DRIVE

Suite, Apt. #, Etc.

102

City

Tampa

State

FL

Zip Code

33619

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

[Signature]

Date

11-19-02

REGISTERED AGENT MUST SIGN

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
V.P.	Gregory D. Thomas	3904 Corporex Park DR #102	Tampa FL 33619
Pres.	Karen Thomas	3904 Corporex Park DR. #102	Tampa FL 33619

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]

Gregory D. Thomas

11-19-02

813-621-7131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Life Safety Systems
CCTV Sound
Card Access
Security
Clocks

November 19, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporate Reinstatement # P97000072446

To Whom It May Concern:

Advanced Engineered Systems Corporation did not receive filing notices for the year 2002, thus we are requesting that the reinstatement fee of \$600.00 be waived. We believe we did not receive the notices due to our address changed and is not the same address the Department of State has on file

Attached is the reinstatement application, stating our correct business address, and a check for the annual fee of \$150.00. Please contact me, or my assistant Kristen Eaton, at your earliest convenience with any questions or concerns.

Thanking you in advance,

Gregory D. Thomas
Vice President, Advanced Engineered Systems Corporation