

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 13 PM 1:26

DOCUMENT # **A98000020680**

1. Corporation Name

ADVANCED FLOW TECHNOLOGIES, INC.

2. Principal Office Address

2700 INTERSTATE DRIVE

Suite, Apt. #, etc.

City & State

LAKELAND, FLORIDA

Zip

33805

Country

3. Mailing Office Address

2700 INTERSTATE DRIVE

Suite, Apt. #, etc.

City & State

LAKELAND, FLORIDA

Zip

33805

Country

REINSTATEMENT

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

5. FEI Number

59-3500172

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

JARRELL, ALBERT M.

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

2700 INTERSTATE DRIVE

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33805

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

REGISTERED AGENT MUST SIGN

Date

12-8-00

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
Pres	JARRELL, ALBERT M.	2700 INTERSTATE DR	LAKELAND, FL 33805
D	GRANT, DOUGLAS M	4700 SUPERIOR ST.	LINCOLN, NE 68501
T	BENNE, VICKI	4700 SUPERIOR ST.	LINCOLN, NE 68501
S	GEHRING, STEVE	1125 SOUTH 103RD - STE 720	OMAHA, NE 68124
AS	BORGLUND, TERRY	2700 INTERSTATE DRIVE	LAKELAND, FL 33805

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-00 8636824500

Date

Daytime Phone #