

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -8 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000049523**

1. Corporation Name

ADVISORY SOLUTIONS, INC.

2. Principal Office Address

21751 PALMETTO DUNES DR.

Suite, Apt. #, etc.

#102

City & State

ESTERO, FL

Zip

33928

Country

Lee

3. Mailing Office Address

21751 PALMETTO DUNES DR.

Suite, Apt. #, etc.

#102

City & State

ESTERO, FL

Zip

33928

Country

Lee

REINSTATEMENT

0-09

700026409217

01/08/04--01007--009 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

65-0841398

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

DENNIS J. LUMSDEN

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

6719 WINKLER ROAD #121

Suite, Apt. #, Etc.

#121

City

FORT MYERS

State
FL

Zip Code

33919

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]

REGISTERED AGENT MUST SIGN

Date

1-6-04

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
P	H. DANIEL POE	21751 PALMETTO DUNES DR.	ESTERO, FL 33928
S	H. DANIEL POE	21751 PALMETTO DUNES DR.	ESTERO, FL 33928
T	H. DANIEL POE	21751 PALMETTO DUNES DR.	ESTERO, FL 33928

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-6-04

Daytime Phone #

139-671-9550

CR2E081 (10/02)