

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1

DOCUMENT # P98000051125

1. Corporation Name

AIO TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

801 12TH AVENUE SOUTH
SUITE 500
NAPLES FL 34102

801 12TH AVENUE SOUTH
SUITE 500
NAPLES FL 34102



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-11/28/00--01079--007

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or
To Do Business in Florida

06/08/1998

5. FEI Number

59-3517388

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	KEHL, MICHAEL J	801 12TH AVENUE SOUTH SUITE 500	NAPLES FL 34102
STV	KEHL, MICHAEL J	801 12TH AVENUE SOUTH SUITE 500	NAPLES FL 34102
CFO	JEFF C. HAUCK	801 12th AVE SOUTH SEE 500	NAPLES FL 34102
COO	RANDY C. PERRY	801 12th AVE SOUTH SEE 500	NAPLES FL 34102

8. Name and Address of Current Registered Agent

KEHL, MICHAEL J
801 12TH AVENUE SOUTH
SUITE 500
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name
G. ALAN HOWARD
Street Address (P.O. Box Number is Not Acceptable)
50 N. LAURA STREET
Suite, Apt. #, Etc.
SUITE 2900
City
JACKSONVILLE
State
FL
Zip Code
32202

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-31-00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEFF C. HAUCK, CHIEF FINANCIAL OFFICER

Date

Daytime Phone #

10-31-00 888-360-5433

CR2E040 (8/00)



November 3, 2000

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

To Whom It May Concern;

We are now in receipt of the Application for Reinstatement for AiO Technologies, Inc. The Document was mailed to 800 12th Avenue South, Suite 500, Naples FL, 34102. AiO is located in 801 12th Avenue South, Suite 500, Naples FL, 34102. Our neighbor did not send us this document until November 2, 2000.

I would ask that you waive the \$750 fee and allow us to pay the \$150. I have attached check number 1008 in the amount of \$150, payable to the Department of State.

If you have any questions, please call me at 941 -273 -5348.

I thank you for your consideration in this matter.

A handwritten signature in black ink, appearing to read 'Jeff C. Hauck', is written above the printed name and title.

Jeff C. Hauck
CFO