

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 AUG -5 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000073679

1. Corporation Name

ADVANCED HEALTH TECHNOLOGIES, INC.

200006976132--6

-08/08/02--01056--003

****900.00 ****900.00

REINSTATEMENT 01-02

2. Principal Office Address
4940 Emerson Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

Zip 32207 **Country** USA

Zip **Country**

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

08/24/1998

5. FEI Number
59-3533121

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

Jorge L. Narvaez

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

4940 Emerson Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

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**

Jorge L. Narvaez

REGISTERED AGENT MUST SIGN

Date 8/2/02

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/VP/ T/S/D	Jorge L. Narvaez	4940 Emerson Street	Jacksonville, FL 32207

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:

Jorge L. Narvaez JORGE L. NARVAEZ

8/2/02

904/398-0506

Date

Daytime Phone #

CP2E081 (8/01)