

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P44c hq 2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 AUG 21 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000085770**

1. Corporation Name

ADVANCED CAPITAL CORPORATION
395 SWEET BAY DR. LONGWOOD FL 32779

Principal Place of Business

395 SWEET BAY DR.
LONGWOOD, FL 32779

Mailing Address

395 SWEET BAY DR
LONGWOOD, FL 32779

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-5-98

5. FEI Number

59-354 6723

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	DANIEL A. BOCKHORN	395 SWEET BAY DR LO	LONGWOOD, FL 32779

100003386201--1
-09/08/00--01008--010
******308.75 ****300.00**
99-00485
78

8. Name and Address of Current Registered Agent

DANIEL A. BOCKHORN
395 SWEET BAY DR
LONGWOOD, FL 32779

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Daniel A. Bockhorn

REGISTERED AGENT MUST SIGN

Date

8-12-00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Daniel A. Bockhorn

DANIEL A. BOCKHORN

8-12-00

Date

Daytime Phone #

407-774-9445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (12/98)

Advanced Capital Corporation

August 16, 2000

Department of Reinstatement
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

Please accept my application for reinstatement, as I never received the forms to file my annual report. Thank you for waiving the penalties and please send me certificate of status. Thanks again.

Sincerely,



Daniel Bockhorn
President