

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 28 AM 10:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PA8000097938**
1. Corporation Name
Advanced Display Company

Principal Office Address
50A N. Dunbar Ave
City, Apt. #, etc.
Oldsmar FL
Country
USA
34677

3. Mailing Office Address
Same as 2
Suite, Apt. #, etc.
City & State
Oldsmar FL
Country
USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida **Nov '98**
5. FEI Number
59-3554714
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
Christopher S. Dunn
Street Address (P.O. Box Number is Not Acceptable)
2690 Coral Landings Blvd #132
Suite, Apt. #, Etc.
000003327786
City
Palm Harbor
State
FL
Zip Code
34684
-07/19/00-01053-014
***908.75 ***908.75

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]** Date **3/10/00**
REGISTERED AGENT MUST SIGN

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	Christopher Dunn	2690 Coral Landing Blvd	Palm Harbor FL 34684
P	Robert McIntyre	111 Timber Cr.	Safety Harbor FL 34695
PC	Christopher Dunn	Same as Pres	

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 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]** Christopher S. Dunn 3/10/00 813-814-407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #