

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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04 JUN -9 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000027539

1. Corporation Name

Allan Electronics of Central Florida, Inc.

2. Principal Office Address

16493 Runway Drive

Suite, Apt. #, etc.

3. Mailing Office Address

16493 Runway Drive

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip

Country

Zip

Country

34604

USA

34604

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/1999

5. FEI Number

59-3565260

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐SEE THE ADDRESS OF FEE REQUIRED
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Henry A. Nelson

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

16493 Runway Drive

Suite, Apt. #, Etc.

City

Brooksville

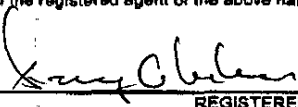
State

FL

Zip Code

34604

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

Date 6-7-04

REGISTERED AGENT MUST SIGN

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	Henry A. Nelson	14034 Sullivan Street	Brooksville, FL 34609

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)(f), 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:



President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/04

Date

352-848-0644

Daytime Phone #