

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 FEB 21 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000042025

1. Corporation Name

AIC Technologies, Inc.

2. Principal Office Address

520 Central Park Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 953877

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Lake Mary, FL

Zip

32771

Country

USA

Zip

32795

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

59-3570826

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

Connie Baugher

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

216 Krider Rd.

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

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

Connie Baugher

Date

02/20/22

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
Pres	<u>Connie Baugher</u>	<u>216 Krider</u>	<u>Sanford, FL 32773</u>
Sec	<u>Don Farg</u>	<u>794 E. Churing Cross Cir.</u>	<u>Lake Mary, FL 32746</u>

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:

Connie Baugher CONNIE BAUGHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/02

Date

407.302.1999

Daytime Phone #

CR2ED81 (9/01)