

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DO NOT WRITE IN THIS SPACE

96 DEC 31 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # 544778**

Automated Systems Group, Inc.
Suite 203
1860 Old Okeechobee Road
West Palm Beach, FL 33409

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

Zip Code

REINSTATEMENT 94-96

3. Date Incorporated or Qualified To Do Business in Florida

4/8/91

4. FEI Number

65-0252371

FEI Number Applied For

FEI Number Not Applicable

5. \$8.75 (non-refundable fee)

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1. Title	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 and State
PD	Barry J. MacDonald	1975 Richard Lane	West Palm Beach, FL
VD	Richard M. Eichler	4882 Pine Cone Lane	West Palm Beach, FL

000002046690--0
-01/06/97-01025-008
***775.00 ***775.00

96-12-31-96

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent and/or Officer

Name

Barry J. MacDonald

Street Address (Do NOT Use P.O. Box Number)

Suite 203

Street Address (Do NOT Use P.O. Box Number)

1860 Old Okeechobee Road

City and State

West Palm Beach

FL

Zip

33409

7. Name and Address of Current Registered Agent

William R. H. Broome
1818 Australian Avenue South
Suite 202
West Palm Beach, FL 33409

9. 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

Barry J. MacDonald
Barry J. MacDonald

Date

12/11/96

REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Barry J. MacDonald
Barry J. MacDonald

Date

12/11/96

Daytime Phone #

(561) 683-5566

Typed or printed name of signing officer or director

P. 02/02

FAX NO. 6616889820

WILLIAM R. BROOME, JR.

DEC-18-96 THU 12:33