

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # S71996

1. Corporation Name

ADVANCED OCEAN SYSTEMS, INC.

Principal Place of Business

Mailing Address

2551 STATE ROAD 84  
FT. LAUDERDALE FL 33312

6120 MILLETT  
STERLING HEIGHTS MI 48312

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
JUPITER, FL

City & State  
STERLING HEIGHTS, MI

Zip  
33477

Country  
USA

Zip  
48312

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/07/1991

5. FEI Number

65-0281037

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KLEINERT, WERNER L	6120 MILLETT	STERLING HGTS MI 48312
ST	HALL, SHERRY	6120 MILLETT	STERLING HGTS MI 48312
			000004669980--7 -11/07/01--01003--025 ****750.00 ****750.00
			REINSTATEMENT 01 18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALL, SHERRY L  
2551 STATE ROAD 84  
FT. LAUDERDALE FL 33312

Name  
HALL, SHERRY L.  
Street Address (P.O. Box Number is Not Acceptable)  
1320 TIDAL POINTE BLVD  
Suite, Apt. #, Etc.  
City  
JUPITER  
State  
FL  
Zip Code  
33477

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/15/01

11. 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:

SIGNATURE REQUIRED  
HALL, SHERRY L

Date

Daytime Phone #

10/15/01 (810) 268-4090