

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 30 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S73457**

1. Corporation Name

ADVANCED VERTICAL SYSTEMS, INC.

Principal Place of Business

Mailing Address

8298 N.W. 64TH ST.
MIAMI FL 33166

8298 N.W. 64TH ST.
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

1307 DAYTONIA RD.
Suite, Apt. #, etc.
MIAMI BEACH, FL
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
SAME
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/1991

5. FEI Number

65-0280850

Applied For

Not Applicable

Zip

33141

Country

DADE

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional fee required for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	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 / State / Zip
PD	VILLOCH, JOE D.	1307 DAYTONIA RD	MIAMI BEACH FL

700002045307--5
01/03/97-01132-013
***375.00 ***375.00

12-31-96

8. Name and Address of Current Registered Agent

VILLOCH, JOE D.
1307 DAYTONIA RD
MIAMI BEACH FL 33314

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Joe D. Villoch
REQUIRED
REGISTERED AGENT MUST SIGN

Date **12-26-96**

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., 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:

Joe D. Villoch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 12-26-96 8612411