

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

98 JAN 16 PM 4:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # M76157

1. Corporation Name

AVANTI BUILDERS & DEVELOPERS, INC.

Principal Place of Business

Mailing Address

13806 Shady Shores Dr.
 Tampa, FL 33613

13806 Shady Shores Dr.
 Tampa, FL 33613

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

REINSTATEMENT 16-98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04-12-88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2887700

Applied For

Not Applicable

City & State

City & State

Tampa, FL 33613

6. CERTIFICATE OF STATUS DESIRED SB.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
P	Antonio Castro, IV	13806 Shady Shores Dr.	Tampa, FL 33613
V	Antonio Castro V	3003 Magdalene Woods Dr.	Tampa, FL 33618
TS	Brian Patterson	13502 Clubside Dr.	Tampa, FL 33624

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

E. J. Salcines, Esq.
 One Tampa City Center
 Suite 2350
 101 N. Franklin St.
 Tampa, FL 33602

Name

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

Suite, Apt. #, Etc.

City

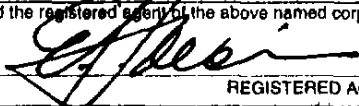
State

FL

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



REGISTERED AGENT MUST SIGN

Date

8/18/97

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:

Antonio Castro

8/18/97

(813) 239-9693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Antonio Castro, IV

CR2040 (12/96)