

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2013 DEC 31 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000104558

1. Corporation Name

AV-RESOLUTIONS, INC.

2. Principal Office Address - No P.O. Box #

6119 NW 6 CT

Suite, Apt. #, etc.

3. Mailing Office Address

22223 Stablehouse Dr

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Sterling, VA

Zip

33127

Country

USA

Zip

20164

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
12/01/2008

5. FET Number

263768307

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

George Valdivia

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

6119 NW 6 CT

Suite, Apt. #, Etc.

City

6119 NW 6 CT

State

FL

Zip Code

33127

000255139950
12/31/13--01023--001 **1208.75

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

George Valdivia

Date **12-30-2013**

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
P	George Valdivia	6119 NW 6 CT	Miami, FL 33127
	REINSTATEMENT		S. HAWKES
	2010-2013		JAN - 2 REC'D
			EXAMINER

10. E-mail Address: **info@av-resolutions.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

George Valdivia **George Valdivia**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-2013

305-797-9500

Date

Daytime Phone #