PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P99000057921 **DOCUMENT #**

1. Corporation Name

AVANTE REALTY CORP.

Principal Place of Business

Mailing Address

7455 COLLINS AVENUE

7455 COLLINS AVENUE

SUITE 208 MIAMI BEACH FL 33141 SUITE 208 MIAM! BEACH FL 33141 FILED

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SEGRETARY OF STATE



If above addresses are incorrect in my way, line through incorrect information and enter correction below. 2. New Principal Office Address. If Applicable 3. New Mailing Office Address. If Applicable 3. New Mailing Office Address. If Applicable 3. New Mailing Office Address. If Applicable 5. FEI Number 65-0930755 Applied For Not Applied 7. News and Street Addresses of Each Officer and/or Director (Flords nonprotit corporations must list at least 3 directors) 8. Names and Street Addresses of Each Officer and/or Director (Flords nonprotit corporations must list at least 3 directors) 8. Name and Address of Current Registered Agent 9. Name and Address of Nove Registered Agent 8. Name and Address of Current Registered Agent 9. Name and Address of Current	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ļ		
Applied For MANN FL Disk State FC Country Country MANN FL Coun	2. New Pri	ncipal Office Address, If Applicable 71 N.W. 36 STREE	3. New Mailin	ng Office Address, If		4. Date Incorp	: :-	i/25/1999
City & State MAPPI TO Country To 3/1/L To Country To						5. FEI Number Applied For		
Country Coun	City & State	•	City & State			7	65-0930755	Not Applicable
7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Addresses of Each Officer and/or Director 4 City/State / Zip Draw ABAD, GREGORIO 7455 GOLLING AVENUE OUTE 2087 MIAMI BEACH FL 33141 PARALL, FL 33147 ABAD, SARA S 7455-GOLLING AVENUE SUITE 2087 WAMI BEACH FL 33141 PARALL, FL 33177 POLICIO 4 5 98 2 1 7 - 2 11/29/01 91046 909 ******758.75 *****758.75 *******758.75 ******758.75 *******758.75 ******758.75 ********758.75 ******758.75 ***********************************			75/A-77		·		>→ \$8.	75 Additional Fee requir
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers 3 Street Addresses of Each Officer and/or Director 4 City / State / Zip D P ABAD, GREGORIO 7455 COLLING AVENUE SUITE 208 MIAMI BEACH FL 33141 ABAD, SARA S 7455 COLLING AVENUE SUITE 208 MIAMI BEACH FL 33141 ABAD, SARA S 7455 COLLING AVENUE SUITE 208 MIAMI BEACH FL 33141 ABAD, SARA S 75 ******758.75 ********758.75 *******758.75 *******758.75 *******758.75 *******758.75 *******758.75 *******758.75 *******758.75 *******758.75 *********758.75 *******758.75 ********758.75 *******758.75 *******758.75 *******758.75 ********758.75 ********758.75 ********758.75 ********758.75 *******758.75 ********758.75 ************************************	33/	, , , ,	3317		,	CERTIFICATI	E OF STATUS DESIRED X	for a Certificate of Status
ABAD, GREGORIO ABAD, SARA S	7. Names	and Street Addresses of Each Officer and		ida nonprofit corpor	ations must list at le	east 3 directors)		
B. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name ABAD, GREGORIO 7459 COLLINS AVENUE SUITE 206 MIAMI BEACH FL 33147 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		and/or Directors		Of				tate / Zip
ABAD, SARA S -7455-GOLLINS AVENUE-SUITE-208—	DP	ABAD, GREGORIO						33/77
8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent Name ABAD, SREGGORIO 7455 COLLINS AVENUE SURFE 206 MIAMI BEACH FL 33147 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 of Registered Agent Signature of Registered Agent Date NOVE MISSER 2, 2001	DV	ABAD, SARA S		7455 GOLLINS A	AEVINE SINIE 5	08	MIAMI BEACH FL 33141	34177
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name ABAD, GREGORIO Street Address (P.O. Box Number is Not Acceptable) 15720 Suite, Apt. #, Etc. Suite, Apt. #, Etc. City State Zip Code FL 33177 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 Date Nave mbsc 2, 2001	•			1,000			00046982	046009
ABAD, GREGORIO Street Address (P.O. Box Number is Not Acceptable) SUITE 208 MIAMI BEACH FL 33141 City State Zip Code MIAMI 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 Date NOVE m BER 2, 2001		,		REIN	STATE	NENT	0)	
ABAD, GREGORIO Street Address (P.O. Box Number is Not Acceptable) SUITE 208 Suite, Apt. #, Etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Tip Code FL 33/77 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 of Registered Agent Date NOVE MSER 2, 2001		8. Name and Address of Current	Registered Ager	nt		9. Name and	Address of New Registered	Agent
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Signature of Registered Agent SIGNATURE REQUIRED Date NOVE MBER 2, 2001	10. I, being	appointed the registered agent of the abo	ove named corpor	ration, am familiar w				
	Signature o Registered	Agent SIGNA	TURE	REQU	IIRED		Date NAVEM B C	% 2, 2001

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR