

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P99000057921

1. Corporation Name

AVANTE REALTY CORP.

FILED

01 NOV -5 PM 6:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

7455 COLLINS AVENUE  
SUITE 208  
MIAMI BEACH FL 33141

7455 COLLINS AVENUE  
SUITE 208  
MIAMI BEACH FL 33141

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

~~4471 N.W. 36 STREET~~

~~15720 SW 143 AVE.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~215~~

~~15720 SW 143 AVE.~~

City & State

City & State

~~MIAMI, FL~~

~~MIAMI, FL~~

Zip

Country

Zip

Country

~~33166~~

~~MIAMI-DADE~~

~~33177~~

~~MIAMI-DADE~~

4. Date Incorporated or Qualified To Do Business in Florida

06/25/1999

5. FEI Number

65-0930755

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ABAD, GREGORIO	<del>7455 COLLINS AVENUE SUITE 208</del> 15720 SW 143 AVE	MIAMI BEACH FL 33141 MIAMI, FL 33177
D	ABAD, SARA S	<del>7455 COLLINS AVENUE SUITE 208</del> 15720 SW 143 AVE	MIAMI BEACH FL 33141 MIAMI, FL 33177
			700004698217-2 -11/29/01-01046-009 ****758.75 ****758.75
			REINSTATEMENT 01 18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ABAD, GREGORIO~~  
~~7455 COLLINS AVENUE~~  
~~SUITE 208~~  
MIAMI BEACH FL 33141

Name ABAD, GREGORIO  
Street Address (P.O. Box Number is Not Acceptable)  
15720 SW 143 AVE.  
Suite, Apt. #, Etc.  
City MIAMI  
State FL  
Zip Code 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

*Gregorio Abad*  
SIGNATURE REQUIRED

Date NOVEMBER 2, 2001

REGISTERED AGENT MUST SIGN

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)(f), 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:

*Sara Abad*  
SIGNATURE REQUIRED

NOVEMBER 2, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)