

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S82926		
1. Entity Name AVALON REALTY, INC.		

FILED
09 JUN 25 AM 4:53
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9840 W. SAMPLE RD CORAL SPRINGS, FL 33065	Mailing Address 9840 W. SAMPLE RD CORAL SPRINGS, FL 33065
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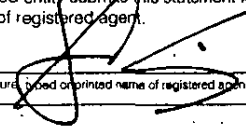


2. Principal Place of Business - No P.O. Box # 3170 N Federal Hwy Suite, Apt. #, etc. #100-B	3. Mailing Address 2830 NE 39TH CT Suite, Apt. #, etc.
City & State Lighthouse Point, FL Zip 33064 Country USA	City & State Lighthouse Point, FL Zip 33064 Country USA

04222009 REINSTATEMENT CR2E098 (11/07) 08-09

4. FEI Number 65-0294069	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRISSY, JAMES F 2830 N.E. 39TH CT LIGHTHOUSE POINT, FL 33064	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 4/22/09

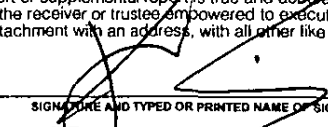
FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CRISSY, JAMES F 2830 NE 39TH COURT LIGHTHOUSE POINT, FL 33064 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CRISSY, ERICA S 2830 NE 39TH COURT LIGHTHOUSE POINT, FL 33064 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

700157768117
06/25/09--01004--022 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 4/22/09 954-464-3899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR