2009 FOR PROFIT CORPORATION REINSTATEMENT

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

DOCUMENT # S82926

1. Entity Name
AVALON REALTY, INC.

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

04222009 REINSTATEMENT CR2E098 (11/07) 08-09

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

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	7. Name and Address of New Registered Agent
CRISSY, JAMES F 2830 N.E. 39TH CT LIGHTHOUSE POINT, FL 33064	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 ______ 4/22/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	700157768117 06/25/09--01004--022 **300.00	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______ 4/22/09 954-464-3899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #