

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -5 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M90365**

1. Corporation Name

AVALON-PARK, INC.

Principal Place of Business

~~8990 N DAVID HWY~~
~~APT #66~~
~~PENSACOLA FL 32514~~
~~US~~
ALEX BACH
5645 Sweet Birch Ln
Milton FL 32583

Mailing Address

~~8990 N DAVID HWY~~
~~APT #66~~
~~PENSACOLA FL 32514~~
~~US~~
ALEX BACH
5645 Sweet Birch Ln
Milton FL 32583

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5645 Sweet Birch Ln
Milton FL 32583

900009372699
12/05/02--01039--018 **750.00



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. **ALEX BACH**
5645 Sweet Birch Ln
City & State **Milton FL 32583**

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **ALEX BACH**
5645 Sweet Birch Ln
City & State **Milton FL 32583**

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1988

5. FEI Number

65-0060995

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VSD	BACH, ANITA S.	4545 BAYWALK CIR	PENSACOLA FL
P	BACH, S. ALEXANDER	4545 BAYWALK CIR. ALEX BACH 5645 Sweet Birch Ln Milton FL 32583	PENSACOLA FL

8. Name and Address of Current Registered Agent

~~BACH, ALFONS~~
~~4545 BAYWALK CIR~~
~~PENSACOLA FL 32514~~

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number) **ALEX BACH**
5645 Sweet Birch Ln
Milton FL 32583

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Alexander S Bach

Date

12/1/2002

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)(l), 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:

Alexander S Bach
12/1/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)