

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 15 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000013113**

1. Corporation Name

AVEX GROUP, INC

2. Principal Office Address - No P.O. Box #

18355 NE 30CT

3. Mailing Office Address

JANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVENTURA - FLORIDA

City & State

Zip

Country

33160

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/2001

5. FEI Number

651080603

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

YADALENA MARTINS

Street Address (P.O. Box Number is Not Acceptable)

18355 NE 30CT

Suite, Apt. #, Etc.

City

AVENTURA

State

FL

Zip Code

33160

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/14/2019

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1st	PEDRO GONCALVES	ALAMEDA VILA DE COSTA	Curitiba - PR - 80730-200
		2300, ART 802 - Curitiba	
		Panama - Brazil	

10. E-mail Address: **Pedroom66@gmail.com**

(To be used for future annual report notification)

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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/2019/305-9620201

Daytime Phone #

12/16/20