

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -2 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 558609

1. Corporation Name **AVAGON Corp**

2. Principal Office Address

5307 EAST AVE #5

Suite, Apt. #, etc.

5

City & State

West Palm Bch

Zip

33407

Country

USA

3. Mailing Office Address

Po Box 10304

Suite, Apt. #, etc.

City & State

Riviera Bch FL

Zip

33419

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 1-78

5. FEI Number

59-1871590

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

Arnold Vigon

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

1071 Bimini Ln

Suite, Apt. #, Etc.

Riviera Bch

City

State

FL

Zip Code

33404

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

Arnold Vigon

REGISTERED AGENT MUST SIGN

Date Feb 28-01

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 |
|--------|--------------------------------------|---|--------------------|
| Pres | Arnold Vigon | 1071 Bimini Ln Riviera Bch FL | 33404 |
| Sec | Arnold Vigon | " " | " |
| Treas | Arnold Vigon | " " | " |
| Dir | Arnold Vigon | " " | " |
| VP | Arnold Vigon | " " | " |
| M | Arnold Vigon | " " | " |

10. 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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arnold Vigon
Feb 28-01

Date

Daytime Phone #

CR2E081 (9/00)