

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 NOV 13 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 583491

1. Corporation Name Treasures of Avondale, Inc.

2. Principal Office Address

3572-2 St. Johns Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32205

Country

U.S.A.

3. Mailing Office Address

3572-2 St. Johns Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32205

Country

U.S.A.

REINSTATEMENT 01

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/28/78

5. FEI Number

591841827

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

Elizabeth S. Spiro

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

3572-2 St. Johns Avenue

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32205

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

Elizabeth S. Spiro, President
REGISTERED AGENT MUST SIGN

Date 11/09/01

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
P/D	Elizabeth S. Spiro	3572-2 St. Johns Avenue	Jacksonville, FL 32205

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:

Elizabeth S. Spiro, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elizabeth S. Spiro

Date

11/09/01 (904) 389-0920

Daytime Phone #

CR2501 (9/00)