

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2007 MAY -3 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

500104429995  
06/15/07--01047--011 \*\*600.00

# REINSTATEMENT

CR2E081 (1/07)

0407

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F03000005538**

1. Corporation Name  
**AVIA PARTNERS, INC.**

2. Principal Office Address - No P.O. Box # <b>5918 Stoneridge Mall Road</b>		3. Mailing Office Address <b>Tax Division</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>5918 Stoneridge Mall Road</b>	
City & State <b>Pleasanton, CA</b>		City & State <b>Pleasanton, CA</b>	
Zip <b>94588-3229</b>	Country	Zip <b>94588-3229</b>	Country

4. Date Incorporated or Qualified To Do Business in Florida **11/06/2003**

5. FEI Number **94-3022728**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**

Suite, Apt. #, Etc.

City **Tallahassee** State **FL** Zip Code **32301**

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 *Wintersmirell* Date **4-27-07**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Merle Jarvill	20427 North 27th Avenue	Phoenix, AZ 85027
VTD	Bradley S. Fox	5918 Stoneridge Mall Road	Pleasanton, CA 94588
VSD	Robert A. Gordon	5918 Stoneridge Mall Road	Pleasanton, CA 94588
AVAS	Dennis Stokely	5918 Stoneridge Mall Road	Pleasanton, CA 94588
AVAS	Robin H. Knight	5918 Stoneridge Mall Road	Pleasanton, CA 94588

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 contained in Chapter 119, 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.

925-226-5312

SIGNATURE: *Robin H. Knight* Robin H. Knight, Asst. Treasurer **3/28/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RECEIVED TIME APR. 27. 10:16AM