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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

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

FILED
01 DEC -6 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****150.00 ****150.00

DOCUMENT # F86279

1. Corporation Name

AVI, INCORPORATED

2. Principal Office Address	3. Mailing Office Address
479 HOLIDAY DR HALLANDALE FL. 33009	479 HOLIDAY DR HALLANDALE FL 33009
Suite, Apt. #, etc.: 479 HOLIDAY DR	Suite, Apt. #, etc.: 479 HOLIDAY DR
City & State: HALLANDALE FL	City & State: HALLANDALE FL
Zip: 33009 Country: BROWARD	Zip: 33009 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: JUNE 22-1982

5. FEI Number: 591237539 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required

7. Name and Address of Current Registered Agent ~~SAME AS ORIGINAL~~

Name: YOAV DROR

Street Address (P.O. Box Number is Not Acceptable): 479 HOLIDAY DR

Suite, Apt. #, Etc.:

City: HALLANDALE State: FL Zip Code: 33009

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (3/00)

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
PRESIDENT	YOAV DROR	479 HOLIDAY DR	HALLANDALE FL 33009
TREASURER	ROSA DROR	479 HOLIDAY DR	HALLANDALE FL 33009
			OKUBR 18

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: YOAV DROR 12 04 01 9544580207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Miami 12 4 01

TO: secretary of state / div. of corp.
Sir: Both the notices you sent AVI inc. in Miami For yearly renewal were not received and you got them back. Please reinstate us on the regular fee. ($ 150 dollar).

Yoav Dror

president