

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1-2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 OCT -2 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K57029

1. Corporation Name

AVNET INDUSTRIES, INC

Principal Place of Business

Mailing Address

20229 N.E. 16 PLACE  
NORTH MIAMI BEACH,  
FL 33179-2719

17064 W DIXIE HWY  
N MIAMI BCH FL 33180  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

1/10/89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0091423

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PO	ROZENBERG, MICHAEL	9616 TAVERNIER DR	BOCA RATON, FL 33496
SOT	ROZENBERG, ELKA	9616 TAVERNIER DR.	BOCA RATON, FL 33496

580001976685--1  
-10/18/96--01047--005  
\*\*\*\*200.00 \*\*\*\*200.00

10/10/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALMAN, MARTIN H  
17064 W DIXIE HWY  
N MIAMI BCH FL 33180

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Martin H. Alman*  
REGISTERED AGENT MUST SIGN

Date 9-30-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*Michael Rozenberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-30-96 305-661-1325

CR2E040 (7/96)

**AVNET INDUSTRIES INC.****202-29 NE 16TH Place****N. Miami Beach, FL 33179-2719****U.S.A.**

Phone 305.651.1305

Fax 305.651.5922

<http://www.avnet.net>

SEP. 30, 1996

FLORIDA DEPT. OF STATE  
TALLAHASSEE, FL.

ATTACHED HERewith IS AN APPLICATION FOR REINSTATEMENT  
FOR AVNET INDUSTRIES, INC. WE HAVE NOT RECEIVED ANY  
OF THE FORMS FOR THE ANNUAL FILING OR DISSOLUTION, DUE TO  
A MIX-UP IN OUR BUSINESS & MAILING ADDRESS. AS PER  
TELEPHONE INSTRUCTION FROM YOUR OFFICE, WE ARE ENCLASING  
A CHECK FOR \$200<sup>00</sup> FOR THE FILING FEE. PLEASE ACCEPT  
THIS CHECK & WAIVE THE PENALTIES

YOURS TRULY

X Michael Rozensberg  
MICHAEL ROZENBERG