PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
	FOR 90 9 STATEMENT	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State IVISION OF CORPORATIONS		4	APPROVED AND FILED	
DOCUMENT # K82667 1. Corporation Name						98 MAR - 9 AM 8: 56 SECRETARY OF STATE
Avery Stuart, LTD. Corporation						TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address					}	
21338 West Dixie Highway North Miami Beach, FL 33180					9	000024540792 -03/11/9801068025
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						
New Principal Office Address, If Applicable New Malli			To		To Do Busir	orated or Qualified ness in Florida
Suite, Apt. #, etc. Suite, Apt. #,			etc. 5. FEI		5. FEI Number	11 24 1989 Applied For
City & State City & Sta			65-		65-03	·
Zip	ip Country Zip		Country CE		6. CERTIFICATI	E OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer end/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each						
Title(s)			Officer and/or Director 3 (Do NOT Use Post Office Box Number			00002 4544779- -2 4 -03/11/3801068026
	Stephen McMillan	21338 W, Dixie Hiway			****500.00 ****500.00 Miami, Florida 33180	
D Stephen McMillan						
D	R.L. Daily	1158 Bird Bay Way		y	Venice, F1 33595	
D	D Dennis Gary			300 A1A		Jupiter, Fl 33477
				REINST	ATEN	ENT 90-98
				Keiiao i	1. 1 Para	O. alem
		1 1 1 2 2 2 1				3/9/98
	8. Name and Address of Current	Registered Age	nt		9. Name and	dules of hear heigh hear to see the
Dennis Gary Stephen Street Address (P.					McMill .O. Box Number	an ****500.00 ****500.00
300 A1A 21338 W. Suite, Apt. #, Etc.					. Dix Y ⊌	
North Miami, F1 ****272.50 ****272.50						
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 Must Sign Date 3 13 13 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes Intangible No Intangib						
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: STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR MC						