


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 FEB 17 PM 3: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K82667

1. Corporation Name

AVERY STUART LTD. CORPORATION

REINSTATEMENT 08-10

100169246971
02/17/10--01006--017 **450.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 825 BRICKELL BAY DR. Suite, Apt. #, etc 346 City & State MIAMI, FLA. Zip 33131 Country USA		3. Mailing Office Address 801 BRICKELL BAY DR. Suite, Apt. #, etc 7 City & State MIAMI, FL. Zip 33131 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 4/24/1989	5. FEI Number 650317580	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.		

7. Name and Address of Current Registered Agent

Name
CHARLES E. CULPEPPER JR.
Street Address (P.O. Box Number is Not Acceptable)
825 BRICKELL BAY DR.
Suite, Apt. #, Etc.
346
City
MIAMI
State
FL
Zip Code
33131

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.

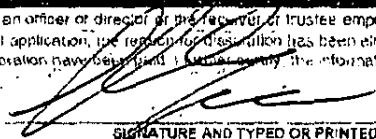
Signature of Registered Agent: 
Date: 2/11/2010
REGISTERED AGENT MUST SIGN

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
PVST	CHARLES E. CULPEPPER JR.	825 BRICKELL BAY DR.	MIAMI, FL. 33131
D	MICHAEL N. LERNER	10105 S.W. 91 TERR.	MIAMI, FL. 33176
D	RAUL YELEN TRUCIDO	8271 S.W. 172 ST.	MIAMI, FL. 33127
D	RENIEL NODARSE	10498 S.W. 186 LANE	MIAMI, FL. 33157
D	LEON FRIKMAN	747 S.W. 5 STREET	MIAMI, FL. 33130

10. E-mail Address: SJRAP@BELLSOUTH.NET
(To be used for future annual report notification)

11. 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, I understand 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:  CHARLES E. CULPEPPER JR 2/11/2010 (305) 372-5189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/2/17