

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 AM 8:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000008528

Name and Mailing Address

0015024 01 AB 0.301 **AUTO T6 2 0615 32608-511215



AVATAR ENTERPRISES, LLC
8015 SW 42ND TERRACE
GAINESVILLE FL 32608-5112



| | | | |
|---|--|--|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 04/08/2002 | |
| Principal Place of Business 8015 SW 42ND TERRACE GAINESVILLE FL 32608 | 3. New Principal Place of Business Address | 6. FEI Number 75-3051448 | Applied For Not Applicable |
| City, State, Zip | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | |
|--|--|
| 8. Name and Address of Current Registered Agent AVERA, MARK A 8015 SW 42ND TERRACE GAINESVILLE FL 32608 | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|--|

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Mark Avera **SIGNATURE REQUIRED** Date 11/10/03

REGISTERED AGENT MUST SIGN

| 11. Names and Street Addresses of Each Managing Member/Manager | | | |
|--|-----------------------------------|--|-----------------------|
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MANAGING MEMBER | MARK A. AVERA | 8015 SW 42ND TERRACE | GAINESVILLE, FL 32608 |
| 300024865843 11/20/03--01004--010 **150.00 | | | |
| REINSTATEMENT 2003 | | | |

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Mark Avera **SIGNATURE REQUIRED** Date 11/10/03 Daytime Phone # 352/372-9999

Typed or printed name of signing Managing Member/Manager MARK A. AVERA

CR2E084 (7/03)