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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000015604

Name and Mailing Address

0016100 01.MB 0.309 **AUTO T9 0 0615 33245-047777

AVANT REALTY GROUP, LLC
P.O. BOX 450477
MIAMI FL 33245-0477

US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/01/2002	
Principal Place of Business 3000 SW 3RD AVENUE, STE. 102 MIAMI FL 33129 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent ORTIZ, ESTEBAN E 267 SHORE DR. EAST MIAMI FL 33133		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent		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.	
Name		Signature of Registered Agent <u>SIGNATURE REQUIRED</u> REGISTERED AGENT MUST SIGN	
Street Address (P.O. Box) <u>100024378941</u> <u>11/03/03--01057--004 **150.00</u>		Date <u>10/30/03</u>	
City <u>FL</u> Zip Code			
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
MGR	ORTIZ, ESTEBAN E	P.O. BOX 450477	MIAMI FL 33245
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 <u>SIGNATURE REQUIRED</u>		Date <u>10/30/03</u>	Daytime Phone <u>(305) 856-5959</u>
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)

REINSTATEMENT

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