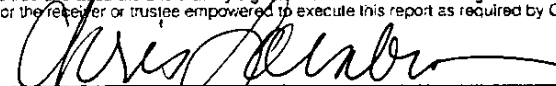


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000016171						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT 23 AM 10:09	
1. Entity Name AVLC, LLC							
Principal Place of Business 3063 SE QUANSET CIRCLE STUART, FL 34997 US				Mailing Address 3063 SE QUANSET CIRCLE STUART, FL 34997 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				10052006 REIN-LLC CR2E101 (11/05) 20-2411940 Applied For Not Applicable			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LAMBROS, CHRIS 3063 SE QUANSET CIRCLE STUART, FL 34997				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00							
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.							
Make check payable to Florida Department of State							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	LAMBROS, CHRIS			NAME			
STREET ADDRESS	3063 SE QUANSET CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34997			CITY-ST-ZIP			
TITLE	MGRM	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	LAMBROS, NICK			NAME			
STREET ADDRESS	2632 S.W. LONGBOAT WAY			STREET ADDRESS			
CITY-ST-ZIP	PALM CITY, FL 34990			CITY-ST-ZIP			
TITLE	MGRM	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	LAMBROS, GEORGE			NAME			
STREET ADDRESS	762 S.W. LONG LAKE CT.			STREET ADDRESS			
CITY-ST-ZIP	PALM CITY, FL 34990			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: 				10/13/05 7P262 0700 Date Daytime Phone			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							