

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009 DEC 31 AM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900164088839  
12/31/09--01056--003 \*\*138.75

CR2E041 (11/09)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L05000110519

AVYS L.L.C

2. Principal Office Address - No P.O. Box #

9506 8th CIR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 15116

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

U.S.A

Zip

33318

Country

U.S.A

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

11-15-05

6. FEI Number

20-3787042

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Berta Yasan

Street Address (P.O. Box Number is Not Acceptable)

9506 N.W. 8th Circle

Suite, Apt. #, Etc.

City

Plantation,

State

FL

Zip Code

33324

☒ A \$100 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 \$100  
reinstatement be waived.

9. 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

Berta K. Yasan

REGISTERED AGENT MUST SIGN

Date

12-29-09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Ada E. Sapir	11224 NW. 5th Str.	Coral Springs, FL 33071
MGRM	Victor L. Yasan	9506 N.W. 8th. CIR.	Plantation, FL 33324

REINSTATEMENT

09

11. E-mail Address: ARS60@myacc.net

(To be used for future annual report notifications)

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

Ada E. Sapir

Date

12-29-09

Daytime Phone #

954-864-3036

Typed or printed name of signing Managing Member/Manager

Ada E. Sapir