

M01000002340

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 19 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000002340

1. Limited Liability Company's Name

Avalon Ventures, LLC

03

BK

CR2E041 (8/05)

2. Principal Office Address

5310 Boca Marina Circle

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33487

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Virginia

5. Date Organized or Qualified
To Do Business in Florida

10/18/01

6. FEI Number

14-1809426

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301-2525

800060061368
09/29/05 01015 004 **251.00

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

Deborah D. Skipper

REGISTERED AGENT MUST SIGN

Deborah D. Skipper
Asst. V. Pres.

Date

9/19/2005

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
Manager	Michael F. Zinn	5310 Boca Marina Circle	Boca Raton, FL 33487

REINSTATEMENT 2003-2005

11. 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

Michael F. Zinn

Date 9/15/05

Daytime Phone # 914-388-3376

Typed or printed name of signing Managing Member/Manager

Michael F. Zinn