

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M76157**

1. Corporation Name

**AVANTI BUILDERS & DEVELOPERS, INC.**

Principal Place of Business

Mailing Address

**13806 Shady Shores Dr.  
Tampa, FL 33613**

**13806 Shady Shores Dr.  
Tampa, FL 33613**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**13806 Shady Shores Dr.**

**Tampa, FL 33613**

**REINSTATEMENT** *96-98*

4. Date Incorporated or Qualified To Do Business in Florida

**04-12-88**

5. FEI Number

**59-2887700**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **SB 75** Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Antonio Castro, IV	13806 Shady Shores Dr.	Tampa, FL 33613
V	Antonio Castro V	3003 Magdalene Woods Dr.	Tampa, FL 33618
TS	Brian Patterson	13502 Clubside Dr.	Tampa, FL 33624

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**E. J. Salcines, Esq.  
One Tampa City Center  
Suite 2350  
101 N. Franklin St.  
Tampa, FL 33602**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

**8/18/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

*Antonio Castro*

**8/18/97**

(813) 239-9693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Antonio Castro, IV**

CR2040 (12/96)