

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 19 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO 200008481*

1. Corporation Name

AVEJAX (VENEZUELAN-AMERICAN ASSOCIATION OF JACKSONVILLE), INC.

2. Principal Office Address

8755 Tidewood Ct.

3. Mailing Office Address

8755 Tidewood Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Florida

Zip

32244

Country

U.S.A

Zip

32244

Country

U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/04/2002

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Jose Mayaudon

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

8755 Tidewood Ct.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32244

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jose Mayaudon	8755 Tidewood Ct.	Jacksonville, FL 32244
C	Vicente Aldrufeu	7701 Timberlin Park Blvd # 715	Jacksonville, FL 32256
T	Aleyda Irureta	8343 Princeton Square Blvd # 616	Jacksonville, FL 32256

10. 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:

Jose Mayaudon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/13/05 (904) 707-6019

Daytime Phone #

CR2E081 (01/05)

2052

Department of State
Division of Corporations
Department of Reinstatement of Non-Profit Corporations

Dear Sirs

I am addressing myself to you in order to request a waiver of the reinstatement fee of our non-profit corporation (AVEJAX); I would like to explain why we are asking for this waiver:

- 1) Our last President moved out of the country, so we never got the notice from the department.
- 2) None of the other members got any notice
- 3) We are still very active in our community, need the corporation reactive, but are short of funds
- 4) We are willing to pay and have the funds of \$183.75 for the two years dissolved as well as the current one to be reinstated and keep working in our community to evade future inactivation.

I am enclosing a check for \$183.75 with this letter to start the reactivation of our corporation.

Your considerations to this case will be greatly appreciated

Sincerely

José Mayaudon
President of Avejax