

N1200000508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

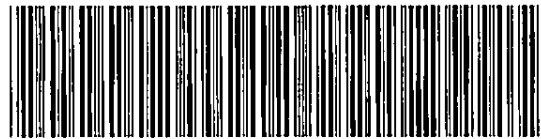
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_



400438063774

Special Instructions to Filing Officer:

12/8/24 - They had to  
reinstate due to failure to  
choose a new filer after  
resignation. - Choose to  
file reinstatement in  
lieu on filer change.

Office Use Only

RECEIVED  
2024 OCT 31 PM 1:50  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2024

FLORIDA FILING & SEARCH  
WALK IN  
TALLAHASSEE, FL

SUBJECT: AVALON BEACH OWNERS ASSOCIATION, INC.  
Ref. Number: N12000005093

We have received your document for AVALON BEACH OWNERS ASSOCIATION, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The entity has been administratively dissolved for failure to provide an active registered agent within the given time. In order to reinstate an active registered agent would need to be provided and a fee of \$210.00 would need to be submitted.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers  
Regulatory Specialist III

Letter Number: 724A00024098



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Division of Corporations

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Rebekah Lefeavers  
Regulatory Specialist III

Letter Number: 724A00024098

Resubmitting just the reinstatement - new debit sheet attached.  
Please keep original filing date if possible

Thank you!

www.sunbiz.org

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 10/31/2024**

**NAME: AVALON BEACH OWNERS ASSOCIATION, INC.**

**TYPE OF FILING: CHANGE OF RA**

**COST: 35.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 12/17/2024**

**NAME: AVALON BEACH OWNERS ASSOCIATION, INC.**

**TYPE OF FILING: REINSTATEMENT**

**COST: 175.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

A handwritten signature in black ink, appearing to be 'Abbie', written over a horizontal line.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N12000005093

1. Corporation Name

AVALON BEACH OWNERS ASSOCIATION, INC.

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

2701 PONCE DE LEON BLVD

3. Mailing Office Address

PO BOX 651514

Suite, Apt. #, etc.

MEZZANINE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

MIAMI, FL

Zip

33134

Country

USA

Zip

33265-1514

Country

USA

CR2F081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

05/21/2012

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$2.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name TOMAS GONZALEZ LAW, P.A.

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

3730 COCONUT CREEK PKWY

Suite, Apt. #, Etc.

STE 120

City

COCONUT CREEK

State  
FL

Zip Code  
33066

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

REGISTERED AGENT MUST SIGN

Date 11/26/2024

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
D	ALICIA MASTERSON	PO BOX 651514	MIAMI, FL 33265-1514
D	VANESSA DIAZ	PO BOX 651514	MIAMI, FL 33265-1514
D	LIZANDRA RIVERO	PO BOX 651514	MIAMI, FL 33265-1514

10. E-mail Address: sunbiz@tomasgonzalezlaw.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

VANESSA DIAZ

11/26/2024

(954) 642-2083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

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Name TOMAS GONZALEZ LAW, P.A.

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Suite, Apt. #, Etc.

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COCONUT CREEK

State

FL

Zip Code

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Registered Agent

Date 11/26/2024

REGISTERED AGENT MUST SIGN

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11/26/2024

(954) 642-2083

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Date

Daytime Phone #