

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 18 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28646

1. Corporation Name

Aventura Marketing Council

2. Principal Office Address
18851 NE 29 Ave.

3. Mailing Office Address
18851 NE 29 Ave.

Suite, Apt. #, etc.
413

Suite, Apt. #, etc.
413

City & State
Aventura, FL

City & State
Aventura, FL

Zip
33180

Country
USA

Zip
33180

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 9-30-1988

5. FFL Number
65-0076324

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-06

7. Name and Address of Current Registered Agent

Name
Elaine Adler

Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29 Avenue

Suite, Apt. #, Etc.
413

City
Aventura

State
FL

Zip Code
33180

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

Elaine Adler
REGISTERED AGENT MUST SIGN

Date 10-16-06

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	Elaine Adler	18851 NE 29 Ave., #413	Aventura, Fl. 33180
C	Cliff Schulman	18851 NE 29 Ave., #413	Aventura, Fl. 33180
D	George Berlin	18851 NE 29 Ave., #413	Aventura, Fl. 33180
D	Tom Oliveri	18851 N 29 Ave., #413	Aventura, Fl. 33180

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 contained in Chapter 119, 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:

Elaine Adler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elaine Adler, President

10-16-06

Date

305.932.5334

Daytime Phone #

10/25
ad