PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
98 NOV 25 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44420**

1. Corporation Name

ASSOCIATION OF RESPONSIBLE VENDOR ADMINISTRATORS, INC.

Principal Place of Business	Mailing Address
~~1111 PARK CENTRE BLVD~~ ~~SUITE 104~~ ~~MIAMI FL 33169~~ US	~~P.O. BOX 69-2982~~ ~~MIAMI FL 33269-2982~~

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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
1331 East Lafayette St.	1331 East Lafayette St.
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.: Suite C
City & State: Tallahassee, Fl.	City & State: Tallahassee, Fl.
Zip: 32301 Country: USA	Zip: 32301 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/25/1991

5. FEI Number: 59-3079797 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 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
~~VD~~ D	MOODY, HORACE A	1519-25 CAPITOL CIR NE	TALLAHASSEE FL 32308
~~STD~~ PD	CHADROFF, LORI	1111 PARK CENTER BLVD. #104	MIAMI FL 33169
~~PD~~ STD	GREER, JAMES	~~1900 PALM BAY ROAD NE #C~~ 1331 E Lafayette St, #C	~~PALM BAY FL 32905~~ Tallahassee, Fl 32301
VPD	ALFONSO, ANGEL	13923 Briardale Lane	Tampa, Fl. 33618
			400002700034--4 -12/02/98--01036--015 ****236.25 ****236.25
			DR 11/25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~CHADROFF, LORI~~ ~~1111 PARK CENTRE BLVD.~~ ~~SUITE 104~~ ~~MIAMI FL 33169~~	Name: GREER, JAMES Street Address (P.O. Box Number is Not Acceptable): 1331 East Lafayette Street Suite, Apt. #, Etc.: Suite C City: Tallahassee State: FL Zip Code: 32301

CR2E040 (9/98)

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: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 11-20-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11/18/98 Daytime Phone #: 305.628.2428

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