

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # N98000001207

1. Corporation Name

THE AVATAR BRASS QUINTET, INC.

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Principal Place of Business

Mailing Address

1325 NW 22ND AVE-  
DELRAY BEACH FL 33445-

1325 NW 22ND AVE-  
DELRAY BEACH FL 33445-



REINSTATEMENT

99

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

8095 Sago Palm Lane  
Suite, Apt. #, etc.

8095 Sago Palm Lane  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/02/1998

City & State

City & State

Boynton Beach, FL

Boynton Beach, FL

Zip 33436

Country USA

Zip 33436

Country USA

5. FEI Number

65-0845290

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	STOELZEL, RICHARD P	1325 NW 22ND AVE- 8095 Sago Palm Lane	DELRAY BEACH FL 33445 Boynton Beach, FL 33436
D/V	BROWN, MATTHEW K	9569-B BOCA GARDENS PKWY- 363 Las Palmas St.	BOCA RATON FL 33498- Royal Palm Beach, FL 33411
SD	RAWLINS, STEPHEN R	PO BOX 810272 N/A	BOCA RATON FL 33481
TD	RITTER, TYE	1245 NW 22 AVE-	DELRAY BEACH FL 33445-

700003103377-1  
-01/20/00--01003--003  
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STOELZEL, RICHARD P  
1325 NW 22ND AVE  
DELRAY BEACH FL 33445

Name

STOELZEL, RICHARD P

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

8095 Sago Palm Lane

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

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

*Richard P. Stoelzel*  
REGISTERED AGENT MUST SIGN

Date

12/13/99

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., 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:

*MATTHEW K. BROWN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/13/99

Daytime Phone #

561-793-5902

AD