

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 10 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003862

1. Corporation Name

AIRRA VACH, INC
DBA/FIVE SPEED EXPORT

100068108641
03/20/06--01023--008 **300.00

2. Principal Office Address

2827 Ripton Ct

Suite, Apt. #, etc.

0

City & State

ORLANDO FL

Zip

32835

Country

ORANGE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 05-06

4. Date Incorporated or Qualified
To Do Business in Florida

01-24-00

5. FEI Number 59-3616597

Applied For

58-80122783413

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LIA DEL CID THAVARRIA

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

2827 Ripton Ct

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

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 x

Lia Charavin

REGISTERED AGENT MUST SIGN

Date

3/8/06

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
<u>PRES</u>	<u>LIA DEL CID THAVARRIA</u>	<u>2827 Ripton Ct</u>	<u>ORLANDO FL 32835</u>
<u>VIC</u>	<u>NORMAN THAVARRIA</u>	<u>2827 Ripton Ct</u>	<u>ORLANDO FL 32835</u>
<u>SEC</u>	<u>MIGUEL QUIEDO</u>	<u>2827 Ripton Ct</u>	<u>ORLANDO FL 32835</u>

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.

407-760-7055

SIGNATURE:

NORMAN THAVARRIA

NORMAN THAVARRIA

Date

03-08-06

Daytime Phone #

K. Eckel MAR 14 2006

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To: Florida Department of State
Division of Corporation

From: Lia Chavarria / *NORMAN THOURARIA*
Airravach, Inc
DBA/ Five Speed export

Date: March 8, 2006

Subject: Reinstatement and change of address

TO WHOM IT MAY CONCER:

Two days ago I called your office and was informed that my corporation was inactive. Last year I sent a note asking for a change of address and we never received any correspondence or renewal of our corporation. After I explain this to one of your representatives she said I needed to send a reinstatement letter and \$300.00., which I enclosed in this letter. If you have any questions please do not hesitate to contact me at 407-760-7055 or write to our new address 2827 Ripton Ct. Orlando FL 32835.

Thank you in advanced,

Lia Chavarria
Lia Chavarria

NORMAN THOURARIA
NORMAN THOURARIA
President