PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

> Secretary of State DIVISION OF CORPORATIONS

P00000022762 DOCUMENT

1. Corporation Name

A.V. DESIGN & DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

2035 GOLDENROD ST. SARASOTA FL 34239

2035 GOLDENROD ST. SARASOTA FL 34239

FILED

02 NOV 15 PH 4: 05

SECRETARY OF STATE TALLAHASSEE. FLORIDA



If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Mai			ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 03/06/2000			
Suite, Apt. #, etc. Suite, Apt. #			, etc.					
City & State City & State			3		5. FEI Number Applied For Not Applied For			
Zip		Country	Zip		Country	6. CERTIFICAT	TE OF STATUS DESIRED SE	3.75 Additional Fee require
7. Names	and Street Add	dresses of Each Officer an	d/or Director (Fig	orida nonprof	it corporations must list at le	ast 3 directors)		Total of Status
Title(s)	Name of Officers		Street Address of Each Officer and/or Director		h	City / State / Zip		
PD	MALATLIAN, ARI			2035 GOLDENROD ST.		SARASOTA FL 34239		
VD	MALATLIAN, VARTAN			2035 GOLDENROD ST.		SARASOTA FL 34239		
STD	TD MALATLIAN, MICHELLE			2035 GOLDENROD ST.		SARASOTA FL 34239		
						70 11/15/	0009023 4 0201060005	97************************************
						· -		
	8. Name	and Address of Current	Registered Age	ent		9. Name and	Address of New Registered	Agent
WATTS, DANA J ESQ.				Name				
1620 MAIN ST., STE. 1 SARASOTA FL 34236					Street Address (P.O. Box Number is Not Acceptable)			
				Suite, Apt. #, Etc.				
==					City		State	Zip Code
10. I, being	appointed the	registered agent of the ab	ove named corpo	ration, am fai	miliar with and accept the ob	oligations of Secti	ion 607.0505, F.S. or 617.050	5, F.S.

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 filling 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

REGISTERED AGENT MUST SIGN

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POSSOSO 227 A.V. Design & Development	762							
DO NOT WRITE IN THIS SE								
2. P P B 3. M A	PACE							
	ddenvod of DO NOT WRITE IN THIS SPACE							
Sarasota, F1. 34239 Sarasota	C 5. C S D \$8.75 Additional Fee Required							
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent N Dona J. Worts ESQ S (A20 P.O. B N N N C) Scute 4 Sauseffy FL 254236							
SIGNATURE S (NOTE:	S F							
T After May 1 Amended	1 1 1 1 1 1 1 1 1 1							
TITLE NAME STREET ADDRESS 2035 Coddenrod St CITY-ST-ZIP Sourcette, F1. 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME AMAGE TOTAL							
NAME Vartan Malatian STREET ADDRESS CITY-ST-ZIP Schassorta, #1.84219 TITLE	TITLE NAME SIREET ADDRESS CITY-S1-ZIP							
Michaele Malatian STREET ADDRESS CITY-ST-ZIP TITLE TITL	TITLE: NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE							
NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE STREET ADDRESS CITY-ST-2IP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
SIGNATURE: S 119.07(3)(), F S 1 C 607, F S 1 B 11 LG (28) O2 . BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								

2035 Goldenrod Street - Sarasota, FL 34239. (941) 954-DRAW (3729)

OCTOBER 28, 2002

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327
TALLAHASSEE, FL. 32302-1500

RE: 2002 UNIFORM BUSINESS REPORT A:V. DESIGN & DEVELOPMENT, INC. DOCUMENT # P9600000022762

HONORABLE SECRETARY OF STATE,

I AM WRITING THIS LETTER IN RESPONSE AFTER A PHONE CONVERSATION WITH ONE OF YOUR STAFF MEMBERS IN THE DEPARTMENT.

I HAVE HAVE NEVER TO DATE RECEIVED ANY DOCUMENTATION FOR PRIOR UNIFORM BUSINESS REPORTS. JUST WEEKS AGO, THE ONLY THING I DID RECEIVE IS A NOTICE OF ADMINISTRATIVE DISSOLUTION FORM THE STATE. ENCLOSED IS THE COMPLETED APLLICATION FORM FOR REINSTATEMENT, AND THE APPROPRIATE FILING FEE.

SHOULD THERE BE ANY FURTHER INFORMATION OR CLARIFICATION REQUIRED, PLEASE CALL ME AT-ANYTIME AT THE FOLLOWING NUMBER: 941-350-5318

SINCERLY SUBMITTED.

ARI MALATLIAN
PRESIDENT/ARCHITECT

DANA J. WATTS, ESQ. AUTHORIZED AGENT