# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

#### P00000027459 **DOCUMENT #**

1. Corporation Name

A/V WORKS, INC.

Principal Place of Business

Mailing Address

13299 SW 124TH STREET MIAMI FL 33186

SIGNATURE:

13299 SW 124TH STREET

MIAMI FL 33186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED 01 NOV -5 PM 5: 07 SECRETARY OF STATE TALEATIASSEE, FLORIDA



If above ac	ddresses are	incorrect in any v	vay, line thro	ough incorrect in	nformation a	nd enter (	correction below.					
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, if Applicable 3. New Mail					ing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     03/13/2000				
Suite, Apt. #, etc. Suite,					Apt. #, etc.			5. FEI Number Applied For				
City & State				City & State				65-10	55-10 / 8974 Not Applicable			
Zip		Country	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Zip		Countr	у	6. CERTIFICATE	OF STATUS DESIF		75 Additional Fee required or a Certificate of Status	
7. Names a	and Street Add	dresses of Each	Officer and/	or Director (Flo	rida nonprof	it corpora	ations must list at l	east 3 directors)				
Title(s)	2_	Name of 0 and/or Di			3		eet Address of Ea ficer and/or Direct		4	City / Sta	ate / Zip	
PRES DE	RUD	YAKD	KAI	1/JA	132	99	SW.12	yth 57.	MIA	11, FC	33186	
VICE RESIDEN	11/4	Y AND HA EX	CH	KKE	132	-99	S-W. 1	24th ST.	MIAM	i, PC	33186	
SECKE TAK	45.4.4	LY K	CAMIC		132	99	SW /	24 ST.	MIA	ν, F	z 33/86.	
_		,						5012	0690	020	7	
								07/18/01 90262 036				
										** <u>*</u>	150.00	
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent     Name					
A CONTRACTOR OF THE CONTRACTOR								The second secon				
KAMICKA, RUDYARD 13751 SW 145TH TERRACE							Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33186							Suite, Apt. #, Etc.					
							City			State FL	Zip Code	
10. I, being	g appointed th	e registered age	nt of the abo	ve named corp	oration, am	familiar w	vith and accept the	obligations of Sect	tion 607.0505, F.S	i.	, ,	
Signature of Registered Agent Date												
this rein owed by	statement ap y the corporal	plication, the rea- tion have been pa	son for disso aid and the	olution has beer names of individ	n eliminated, duals listed (	the corp on this fo	orate name satisfic	es the requirements or an exemption ur	s of section 607.04	101 or 617.0	r certify that when filing 401, F.S., that all fees The information indicated	



FILED

13299 S.W. 124 Street, Miami, FL 33186 Tel.: (305) 255-4287 / Fax.: (305) 256-9108

8 01 NOV -5 PM 5:00

E-Mail: avworksinc@aol.com

SEGRETARY OF STATE FALEAHASSEE, FLORIDA

11/01/01

The Florida Department of State Division of Corporations P.O.Box 6237 Tallahassee, Florida 32314

Re: Document # P00000027459

To Whom It May Concern:

### Dear Sir/Madam,

We are writing this letter in reference to the above mentioned document number. The form for our Uniform Business Report was completed and sent back to your Offices in July of this year. A check for the amount of \$150.00 was enclosed with this form. The Division of Corporations subsequently cashed the check. We were therefore left to assume that AV/Works, Inc had met all stipulations.

We are currently however in receipt of a "Notice of Administrative Dissolution or Revocation". After calling the number on the form, we were told that that a notice had been mailed to us requesting more information. To date we have not received this notice. We are therefore sending in our completed form, confident that on further investigation you will find that we have endeavored to meet all the requirements set out by the Division of Corporations.

We look forward to receiving correspondence from you in this matter.

Yours Sincerely,

Rudyard A. Kamicka

President

AV/Works, Inc.