

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 2:31

DOCUMENT # P00000034582

1. Corporation Name

Avery Safety Consulting, INC.

REINSTATEMENT

CR2E081 (1/07)

01-07

2. Principal Office Address - No P.O. Box #

8394 Sandpoint Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 872

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Florida

Zip

32819

Country

USA

Zip

34786

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

993675020

Applied For

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

William H. Avery III

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

8394 Sandpoint Blvd.

Suite, Apt. #, Etc.

City

Orlando, FL

State

FL

Zip Code

32819

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 7-17-07

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
Pres.	WILLIAM H. Avery III	8394 Sandpoint Blvd.	Orlando, FL 32819
VP	BRIAN D. Avery	5537 Wiggstrum Loop	Orlando, FL 32765 32765
Sec.	ELIZABETH C. Avery	8394 Sandpoint Blvd.	Orlando, FL 32819

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM H. AVERY III

7-17-07

Date

407 354 1186

Daytime Phone #