

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -8 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000062136

1. Corporation Name

AVTECH SERVICES, INC.

Principal Place of Business

2730 OCEAN SHORE BLVD STE 503  
ORMOND BEACH FL 32176

Mailing Address

2730 OCEAN SHORE BLVD STE 503  
ORMOND BEACH FL 32176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/23/2000

5. FEI Number

59-3662008

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status.

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
P	CANAVAN, JOHN T	2730 OCEAN SHORE BLVD #503	ORMOND BEACH FL 32176

400008625124  
10/28/02--01080--012 \*\*150.00

8. Name and Address of Current Registered Agent

CANAVAN, JOHN  
2730 OCEAN SHORE BLVD STE 503  
ORMOND BEACH FL 32175

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02

CR2E040 (8/02)



**AvTech Services, Inc.**

Suite 503, 2730 Ocean Shore Blvd., Ormond Beach, FL 32176

(386) 441-9140

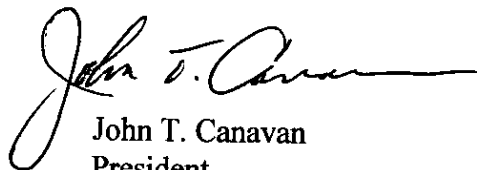
Oct. 22, 2002

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir,

Enclosed is our application for re-instatement and check for \$150.00. As far as can be determined we did not receive the two UBR notices. We did not know enough to inquire about this as the last state of incorporation did not charge annual filing fees.

Sincerely Yours,

  
John T. Canavan  
President