

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 SEP 25 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000087936*

1. Corporation Name

*The Avalon Professional Group, Inc.*

REINSTATEMENT *05-06*

CR2E081 (12/05)

2. Principal Office Address

*928 E 124th Ave*

Suite, Apt. #, etc.

*Suite B*

City & State

*Tampa FL*

Zip

*33612*

Country

*Hillsborough*

3. Mailing Office Address

*P.O. Box 17175*

Suite, Apt. #, etc.

City & State

*Tampa FL*

Zip

*33682*

Country

*Hillsborough*

4. Date Incorporated or Qualified  
To Do Business in Florida

*9-15-2000*

5. FEI Number

*59-3695158*

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

*Elvin D'Angelo*

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

*928 E 124th Ave, Suite B*

Suite, Apt. #, Etc.

*Suite B*

City

*Tampa*

State

*FL*

Zip Code

*33612*

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

*Elvin D'Angelo*

Date *9-22-06*

REGISTERED AGENT MUST SIGN

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
P	Natalie L D'Angelo	10203 Valle Dr	Tampa, FL 33612
D	Elvin W D'Angelo	10203 Valle Dr	Tampa, FL 33612
	<i>\$796</i>		

900090143769  
09/25/06--01039--004 \*\*300.00

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:

*Elvin W D'Angelo* Elvin W. D'Angelo

Date

*9-22-06*

Daytime Phone #

*8139158888*


AVALON PROFESSIONAL GROUP, INC.  
PO BOX 17175  
TAMPA, FL. 33682

09-22-06

To Whom It May Concern,

This is a letter requesting that the Corporation Reinstatement fee be waived as we did not receive any annual report notices. Please accept our check in the amount of \$300.00 for the report fees and supplemental fees for 2005 and 2006.

Regards,

  
Elvin W D'Angelo  
Director