


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN -4 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		P00000087936	
1. Corporation Name The Avalon Professional Group, Inc.			
2. Principal Office Address 930 1/2 E. Busch Blvd Suite, Apt. #, etc.		3. Mailing Office Address Box 17175 Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33612	Country Hills	Zip 33682	Country Hills

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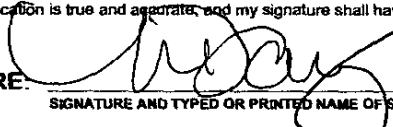
REINSTATEMENT 01-03

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 <input type="checkbox"/> \$8.75 - Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Art Elvin D'Angelo	
Street Address (P.O. Box Number is Not Acceptable) 10203 Valle Dr	
Suite, Apt. #, Etc. Tampa FL 33612	
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 6/2/03
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
PRES	Natalie L D'Angelo	10203 Valle Dr	Tampa FL 33612

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres. Natalie L D'Angelo	Date 6/2/03	Daytime Phone # 813 935 3393

CR2E081 (10/02)

2015