

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAR -4 PM 5:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 00000098758

1. Corporation Name

Tenth Avenue Ventures, Inc.

2. Principal Office Address  
842 Forest Street

3. Mailing Office Address  
Post Office Box 4683

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Seaside, Florida

City & State  
Seaside, Florida

Zip  
32459

Country  
USA

Zip  
32459

Country  
USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida October 19, 2000

5. FEI Number  
59-3676777

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  
John W. Hawkins, Esq. / Matthews & Hawkins, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
607 Highway 98 East

Suite, Apt. #, Etc.

City  
Destin

State  
FL

Zip Code  
32541

800005134188-3

-03/19/02-01044-011

\*\*\*\*\*900.00 \*\*\*\*\*900.00

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 2/26/02

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
D/P/S/T	Bill Burnett	2-Brookside Drive	Rumson, New Jersey 07760

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

Date

Daytime Phone #

2/20/02 (678) 488-5326