PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 28 PM 12:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000099467

1. Corporation Name

AVALON PROMOTION & ASSOCIATES, INC

REINSTATEMENT 02-04

10/12/04 01053 002 #458.75

2. Principal Office Address		**3.** Mailing Office Address	
14573 SW 95 LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FLORIDA		City & State	
Zip: 33186	Country: USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10-23-2000

5. FEI Number: 65-1051969 ☐ 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: CARLOS A. SANCHEZ

Street Address (P.O. Box Number is Not Acceptable): 14050 SW 84 ST

Suite, Apt. #, Etc.: 106

City: MIAMI | State: FL | Zip Code: 33183

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 _____ Date 10/23/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PP/D	PINA, LUCAS	14573 SW 95 LANE	MIAMI, FLORIDA 33183

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: _____ 10/23/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Miami, October 21, 2004

To: Tyrone Scott
Document Specialist
Florida Division of Corporations
Reinstatement Division

Ref: Letter Number 604A00059138

Dear Mr. Scott

Thank you for you correspondence dated October 13, 2004. Attached you will find a corrected UBR form with a valid register agent designation that will allow the processing of the document.

I take this opportunity to request the fee abatement due to the fact that we never received the necessary documentation to make the yearly renewal of the corporation. As I explained in previous letter, the change of address of our headquarters combined with the mishandling of the information and the lack of knowledge of the rules and regulations for Florida Corporations create this negative situation.

I am very confident that with the update of our records, the company will recover from the negative situation explained above and no other complications will be arising in the near future.

Your cooperation and understanding had played a key role in the recovery of our company. Thanks again for your help.

Sincerely,

Lucas Pina
President