

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR -6 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000101966

1. Corporation Name **A.V. Enterprises Corporation**

2. Principal Office Address **2001 Industrial Drive**
3. Mailing Office Address **203 West 17th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

City & State

City & State

DeLand, FL

Sanford, FL

Zip
32772

Country
USA

Zip
32771

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **10/30/2002**

5. FEI Number

☒ 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

Stephen G. Puren

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

203 West 17th Street

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

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

Stephen G. Puren

REGISTERED AGENT MUST SIGN

Date **03/31/2003**

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.	Stephen G. Puren	203 West 17th Street	Sanford, FL 32771
Sec/Treas.			
Director			

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
Stephen G. Puren

Date

03/31/2003

Daytime Phone #

321-228-6321

CR2E081 (10/02)

KAUFMAN, CHAIKEN, MILLER & KLORFEIN

A PROFESSIONAL CORPORATION
ATTORNEYS AND COUNSELORS AT LAW

8215 ROSWELL ROAD
BUILDING 800
ATLANTA, GEORGIA 30350

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Atlanta, GA 31150-0189

April 3, 2003

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

RE: A.V. Enterprises Corporation; Document No. P00000101966
WWBC Corporation; Document No. P00000101940

Dear Sir:

Enclosed please find an original and one copy of Corporation Reinstatement forms for the above-referenced corporation, along with two checks in the amount of \$308.75 each for the reinstatement of these two corporations. Please forward Certificates of Status for these corporations to my office in the enclosed self-addressed, stamped envelope provided for your convenience.

Thank you for your assistance in this matter. Should you have any questions, please feel free to contact me.

Very truly yours,



Robert J. Kaufman

RJK/kbs
Enclosures