

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000021274**

1. Corporation Name

**AUDIO VISUAL SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**3675 ESTEPOA AVENUE  
MIAMI FL 33178**

**3675 ESTEPOA AVENUE  
MIAMI FL 33178**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

REINSTATEMENT  
Certificate of Status required  
To Do Business in Florida

02/27/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

**65-1086108**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	ACEVEDO, EDWIN D	3675 ESTEPOA AVENUE	MIAMI FL 33178

500024378745  
11/03/03--01054--011 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ACEVEDO, EDWIN D  
3675 ESTEPOA AVENUE  
MIAMI FL 33178**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **10/29/03**

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/29/03 305-761-4415**

Date

Daytime Phone #

CR2E040 (7/03)

**J.R. FERREIRO, JR., P.A.**

*Certified Public Accountant*

*7911 N.W. 72 Avenue, Suite 223-A*

*Medley, Florida 33166*

*Tel.: (786) 337-6918 Fax: (786) 337-6319*

*October 29, 2003*

*Florida Department of State*

*Uniform Business Report*

*409 East Gaines Street*

*Tallahassee, Fl 32399*

*RE: Audio Visual Systems, Inc.*

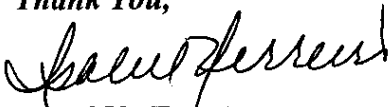
*Doc# P01000021274.*

*Dear Sirs:*

*Enclosed is 2003 Uniform Business Report for the above referred to taxpayer , with check no. 1158 in the amount of \$158.75, from the Audio Visual Systems, Inc. to pay for the Uniform Business Report. Audio Visual Systems, Inc. never received the original annual report. Please waived all penalties on this matter.*

*If you required any other information please, do not hesitate to contact this office at 786-337-6918.*

*Thank You,*



*Isabel V. Ferreiro*