

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 SEP 29 PM 12:49

DOCUMENT # D01000023301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

AVTS, INC.

MSR  
02

2. Principal Office Address

515 EAST 9TH STREET

Suite, Apt. #, etc.

#2

City & State

JACKSONVILLE FL

Zip

32206

Country

USA

3. Mailing Office Address

515 EAST 9TH STREET

Suite, Apt. #, etc.

#2

City & State

JACKSONVILLE FL

Zip

32206

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/2001

5. FEI Number

59-3703346

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

08-29-03 90094 029 \$150.00

7. Name and Address of Current Registered Agent

Name

ALAN B. VLCEK

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

515 EAST 9TH STREET

Suite, Apt. #, Etc.

#2

City

JACKSONVILLE

State

FL

Zip Code

32206

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

*Alan B. Vlcek*

REGISTERED AGENT MUST SIGN

Date 9-25-03

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
PD	THOMAS SCHULTZ	515-2 EAST 9TH ST.	JACKSONVILLE, FL 32206
VPD	ALAN R. VANDERHOEF	515-2 EAST 9TH ST.	JACKSONVILLE, FL 32206

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:

*Alan R. Vanderhoef*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-03

Date

(904) 598-0025

Daytime Phone #

20f2

**LAW OFFICES OF ALAN BENES VLCEK**  
**515-2 East 9th Street**  
**Jacksonville, Florida 32206**  
**Telephone: (904) 353-2840**  
**Telefax: (904) 354-2921**

September 26, 2003

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

Via Priority Mail

Re: AVTS, Inc.  
Reinstatement

Ladies and Gentlemen:

In response to your letter of September 2, 2003, we enclose a copy of a completed Application for Reinstatement. Your letter of September 2, 2003 is also enclosed.

We request relief from the \$400 late fee on the following grounds:

On November 1, 2002, AVTS, Inc. relocated from 1636 Wambolt Street, Jacksonville, FL 32202 to its current address at 515-2 East 9th Street, Jacksonville, FL 32206. Change of Address forms were filed with the US Postal Service.

Nevertheless, as evidenced by our signatures below, neither Mr. Vanderhoef, the Vice President/Director of the corporation who receives the mail nor myself, the Registered Agent at the same address, ever received an Annual Report/UBR. Accordingly, we request that the late fee in this case be waived and the corporation returned to active standing.

This letter is being sent to you via Priority Mail within 30 days of the date of your September 2, 2003 letter, and your attention to this matter is greatly appreciated.

Very truly yours



Alan B. Vlcek



Alan R. Vanderhoef

Enclosures