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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0100112841

1. Corporation Name

AVS WAREHOUSE INC.

2. Principal Office Address

13910 Alvarez Rd.

3. Mailing Office Address

One Cross Island Plaza

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

229a

City & State

Jacksonville

City & State

Rosedale

Zip

FL

Country

32218

Zip

NY

Country

11422

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/01

5. FEI Number

11-3639237

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

Teresa Saccone

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

13910 Alvarez Rd.

Suite, Apt. #, Etc.

100

City

Jacksonville

State
FL

Zip Code

32218

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

11/7/02

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
P	SACCONE, TERESA	13910 ALVAREZ ROAD	JACKSONVILLE, FL 32218

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:

11/7/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/7/02 718-527-2600 EXT 21

2082

AVS WAREHOUSE INC,
One Cross Island Plaza
Suite 229A
Rosedale, NY 11422
Tel: 718-527-2600
Fax: 718-527-0812

11/07/2002

Florida Dept. of State
Division Of Corporations
409 East Gaines St.
Tallahassee, FL 32399
Attn: Reinstatement

RE: State Filing

Dear Sir or Madam:

With reference to reinstating AVS Warehouse, Inc., we request that no penalty be assessed, as we did not receive the 1st of 2nd notice.

You are already in receipt of our check for \$150.00(check # 217280 dated 10/25/02).

As indicated on the attached form our mailing address is:
AVS Warehouse, Inc.
One Cross Island Plaza
Suite 229A
Rosedale, NY 11422

We thank you for your kind consideration.

Best Regards,

AVS WAREHOUSE INC.



Teresa E Sacccone
President

TES/fr