

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 22 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000005857*

1. Corporation Name

AVENUES INTERIORS & ACCESSORIES, INC.

2. Principal Office Address

11035 PHILIPS HWY

Suite, Apt. #, etc.

STE 2

City & State

JACKSONVILLE, FL

Zip

32256

Country

DUVAL

3. Mailing Office Address

11035 PHILIPS HWY

Suite, Apt. #, etc.

STE 2

City & State

JACKSONVILLE, FL

Zip

32256

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

9/8/1998

5. FEI Number

58-1709349

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

WILLENE R. COGGINS

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

11035 PHILIPS HWY

Suite, Apt. #, Etc.

STE 2

City

JACKSONVILLE

State

FL

Zip Code

32256

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

Willene R. Coggins

REGISTERED AGENT MUST SIGN

Date

10/18/2004

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
<i>owner president</i>	<i>WILLENE COGGINS</i>	<i>11035 PHILIPS HWY STE 2</i>	<i>JACKSONVILLE, FL 32256</i>
			<i>000042193900 10/26/04--01082--013 **150.00</i>
			<i>000042193900 10/26/04--01082--014 **150.00</i>

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:

Willene R. Coggins / WILLENE R. COGGINS *10/18/2004*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (01/04)

P02000005857

AVENUES FILED

INTERIORS & ACCESSORIES 04 OCT 22 PM 1:06
11035 PHILIPS HWY, STE 2
JACKSONVILLE, FLORIDA 32256 SECRETARY OF STATE
PH: 904.886.0809 TALLAHASSEE, FLORIDA
FAX: 904.886.9887
E-mail: AvenuesInteriorsAOL.com

for filing purposes only
October 18, 2004

Florida Department of State
Division of Corporations

I am enclosing application for reinstatement of Avenues Interiors & Accessories. I am requesting that you waive the reinstatement fee as I have not received the 2004 Annual Report. A check for \$150.00 is enclosed.

Thank you for your consideration.

Willene Coggins

Willene Coggins