

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 27 PM 5:22

DOCUMENT # P02000012046

1. Corporation Name

AVI PERFUME CENTER INC.

REINSTATEMENT 03-06

2. Principal Office Address

3291 W SUNRISE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

5780 SEMINOLE WAY

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

HOLLYWOOD, FL

Zip
33311

Country
US

Zip
33031

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2002

5. FEI Number

04-3594405

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

AVRAHAM VAHNOUNOU

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

5780 SEMINOLE WAY

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

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

AVI PERFUME CENTER INC.

REGISTERED AGENT MUST SIGN

Date

1/24/06

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	SILVI BITTON	5780 SEMINOLE WAY	HOLLYWOOD, FL 33021
VP	AVRAHAM VAHNOUNOU	5780 SEMINOLE WAY	HOLLYWOOD, FL 33021

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 contained in Chapter 119, 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:

AVI PERFUME CENTER INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/06

Daytime Phone #