

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 26 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 102000028729

1. Corporation Name

A.V.E. Investment
Corporation

REINSTATEMENT 03-04

500029379645
02/25/04--01015--021 **300.00

2. Principal Office Address

5401 Collins Av.

Suite, Apt. #, etc.

830 #

City & State

Miami Beach

Zip

33140

Country

FLORIDA

3. Mailing Office Address

1368 RNF

Suite, Apt. #, etc.

VILLA LORANT

City & State

Vallauris

Zip

06220

Country

FRANCE

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2002

5. FEI Number

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

EVA LORANT

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

5401 Collins Av.

Suite, Apt. #, Etc.

830 #

City

Miami BEACH

State

FL

Zip Code

33140

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

[Signature]
REGISTERED AGENT MUST SIGN

Date February 17, 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
P	EVA LORANT	5401 Collins. av.	Miami Beach 33140 FL
S	BARBARA POGANY	1368 RNF.	06220 Vallauris FRANCE
T	ATTILA POGANY	1368 RNF.	06220 Vallauris FRANCE

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:

[Signature] LORANT EVA

Date

February 17 2004

Daytime Phone #

CR2E081 (01/04)

February 17 2004

Department of State
Division of Corporations
P.O. BOX 6327
TALLAHASSEE FL 32314

Ref: FIVE Invest. Corp.

Sir,

my Investment Corporation was registered by Mr. Lips Alan - public accountant, who gave his own office address, for my Corporation. He has never spoken over state-fees, I have never seen any documents over this.

I was not content with Mr Lips, so he was fired in 2002.

So far I should like to ask you to waive the reinstatement cost from 600 \$ - which is a lot of money for me.

With my best regards, and please mail me the bills on my mailing office address in France

Sincerely

