

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

12 MAY 24 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000052973

1. Corporation Name

AVERO HOLDINGS, CORP. f/k/a Avero Corporation

100235507901
05/24/12--01004--008 **1500.00

2. Principal Office Address - No P.O. Box #

1320 South Dixie Hwy

Suite, Apt. #, etc.

Suite 280

City & State

Coral Gables, FL

Zip

33146

Country

USA

3. Mailing Office Address

1320 South Dixie Hwy

Suite, Apt. #, etc.

Suite 280

City & State

Coral Gables, FL

Zip

33146

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/2002

5. FEI Number

810553905

☐ 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

Hernández & Tacoronte, PA

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

8500 W. Flagler Street

Suite, Apt. #, Etc.

#B-208

City

Miami

State

FL

Zip Code

33144

REINSTATEMENT

07-12

CM

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 **May 11, 2012**

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/D	Luis Aversa	1320 S. Dixie Hwy #280	Coral Gables, FL 33146
S/D	Susana Elida Rodriguez de Aversa	1320 S. Dixie Hwy #280	Coral Gables, FL 33146

10. E-mail Address: **marlenerubido@earthlink.net**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.

SIGNATURE: **X**

[Signature] **Luis Aversa**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2012

Date

Daytime Phone #