PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



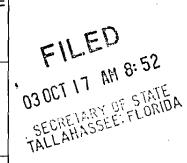
FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

P02000070256 DOCUMENT #

1. Corporation Name

AVANT VILLAGE RETREAT, INC.



					THER				
Principal Place of Business Mailing Address				,					
-			204 ESSEX DRIVE FT. PIERCE FL 34946						
If above s	addrosses are incorrect in any w	ay line through incorrect i	nformation and o	nter correction below					
	addresses are incorrect in any wi incipal Office Address, If Applica		ing Office Address, If Applicable		4. Date Incorp	orated or Qualified			
Suite, Apt. #, etc. Suite, Apt.			t etc		Date Incorporated or Qualified To Do Business in Florida O6/24/2002,				
Suite, Apt. #, etc. Suite, Apt.			-, -		5. FEI Number Applied For				
City & State City		City & State	City & State		Not Applicable				
Zip	Country	Zip	Co	ountry	6. CERTIFICATI	E OF STATUS DESIR	\$8.75 Additional Fe	ee required of Status	
7. Names	and Street Addresses of Each O	officer and/or Director (Flo	orida nonprofit co	rporations must list at le	ast 3 directors)				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
PST	HADDEN, MARLENE	204 ESSEX DRIVE			FORT PIERCE FL 34946				
					<u> </u>				
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			 _		30	bozsa	70713 · ·		
					10/17/	0301022-	70713 ·· -018 **150.00	f	
							c.		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
		Name							
	N, MARLENE	Street Address (Street Address (P.O. Box Number is Not Acceptable)						
204 ESSEX DRIVE FT. PIERCE FL 34946				Suite, Apt. #. Etc.					
FI. PIE	:HUE PL 34946								
				City			State Zip Code		
10. I. beind	appointed the registered agent	of the above named corp	oration, am famili	ar with and accept the o	bligations of Sect	ion 607.0505. F.S.			
	, apparate and regional design								
	~ n / 3								
Signature of Registered	of SIG					Date			
ricgistored		REGISTERED AC				Date			
this rein	that I am an officer or director o	n for dissolution has beer	eliminated, the o	corporate name satisfies	the requirements	of section 607.040	01 or 617.0401, F.S., that a	Il fees	
	y the corporation have been paid application is true and accurate,				•	der section 119.07	(3)(i), F.S. The information	indicated	
	,								

Daytime Phone #

3

AVANT VILLAGE RETREAT, INC. 204 Essex Drive Ft. Pierce, FL 34946

October 13, 2003

Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of Avant Village Retreat, Inc.

Greetings:

Please find enclosed the completed Application for Reinstatement and check in the amount of One Hundred Fifty Dollars (\$ 150.00) for Avant Village Retreat, Inc. No documents regarding this corporation was received during this year such that a timely annual fee could be paid. Please note our correct mailing address is 204 Essex Drive Ft. Pierce, FL 34946.

THERE GET THERETON IN METERS AND ASSESSMENT

Please reinstate this corporation as soon as possible.

Thank you.

Sincerely,

Marlene Hadden

President