

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 17 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000070256

1. Corporation Name

AVANT VILLAGE RETREAT, INC.

Principal Place of Business

Mailing Address

3120 AVENUE O
FORT PIERCE FL 34946

204 ESSEX DRIVE
FT. PIERCE FL 34946



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/24/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	HADDEN, MARLENE	204 ESSEX DRIVE	FORT PIERCE FL 34946

300029870713
10/17/03--01022--018 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HADDEN, MARLENE
204 ESSEX DRIVE
FT. PIERCE FL 34946

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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., 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:

Marlene Hadden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

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.*

Please reinstate this corporation as soon as possible.

Thank you.

Sincerely,


Marlene Hadden
President