

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P02000097136

03 DEC 16 AM 11:37

1. Corporation Name

AVANTE DISTRIBUTION SYSTEMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600025538856
12/16/03--01076--030 **400.00

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2. Principal Office Address

9854 SW 8 ST.

3. Mailing Office Address

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33174

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-9-02

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ORELIA FERNANDEZ

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

19331 SW 31 CT.

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33029

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]

Date 12-10-03

REGISTERED AGENT MUST SIGN

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
<u>CEO</u>	<u>ROBERTO FERNANDEZ</u>	<u>9854 SW 8 ST # 309</u>	<u>MIAMI FL 33174</u>
<u>T</u>	<u>ALEJANDRINA FERNANDEZ</u>	<u>9854 SW 8 ST # 309</u>	<u>MIAMI FL 33174</u>
<u>S</u>	<u>ROBERTO FERNANDEZ JR</u>	<u>9 54 SW 8 ST # 309</u>	<u>MIAMI FL 33174</u>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-03

Date

Daytime Phone #

CR2E081 (10/02)