

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 27 AM 11:07

DOCUMENT #

P02000135687

1. Corporation Name

AVMARK, INC.

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

9285 BEVINGTON LANE

Suite, Apt. #, etc.

3. Mailing Office Address

9285 BEVINGTON LANE

Suite, Apt. #, etc.

City & State

Orlando FL

Zip Country

32827

City & State

Orlando FL

Zip Country

32827

7. Name and Address of Current Registered Agent

Name

Kevin B. Vance

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

9285 BEVINGTON LANE

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32827

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

5/10/09

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/T S/V D	Kevin B. Vance	9285 BEVINGTON LANE	Orlando, FL 32827
REINSTATEMENT 06-09 KS			

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

5/10/09

Daytime Phone #