

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 APR 27 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000103198610
05/24/07--01027--013 **450.00

REINSTATEMENT

CR2E081 (1/07)

05-07

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **004000055336**

1. Corporation Name

AVIJOY, INC.

2. Principal Office Address - No P.O. Box # 4340 SHERIDAN STREET		3. Mailing Office Address 4340 SHERIDAN STREET	
Suite, Apt. #, etc. SECOND FLOOR		Suite, Apt. #, etc. SECOND FLOOR	
City & State HOLLYWOOD, FLORIDA		City & State HOLLYWOOD, FLORIDA	
Zip 33021	Country BROWARD	Zip 33021	Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida	3/30/2004
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name CHARLES S. SERFATY, ESQ.	
Street Address (P.O. Box Number is Not Acceptable) 4340 SHERIDAN STREET	
Suite, Apt. #, Etc. SECOND FLOOR	
City HOLLYWOOD	State Zip Code FL 33021

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Charles S. Serfaty
REGISTERED AGENT MUST SIGN

Date **4/24/07**

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
PSTD	PATRICIA COHEN	4340 SHERIDAN STREET SECOND FLOOR	HOLLYWOOD, FL 33021

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

PATRICIA COHEN

4/24/07 954-272-2019
Date Daytime Phone #

K. Eckel MAY - 7 2007