

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000072017

1. Corporation Name

AVALON INVESTMENT SOLUTIONS, INC.

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

6303 BLUE LAGOON DRIVE

Suite, Apt. #, etc.

SUITE 400

City & State

MIAMI, FLORIDA

Zip

33126

Country

US

3. Mailing Office Address

6303 BLUE LAGOON DRIVE

Suite, Apt. #, etc.

SUITE 400

City & State

MIAMI, FLORIDA

Zip

33126

Country

US

FILED

09 MAR 10 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

600145389656
03/10/09--01009--024 **750.00

CR2E081 (12/07)

05-09 *[Signature]*

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/04

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GREG ERIKSON

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

6303 BLUE LAGOON DRIVE

Suite, Apt. #, Etc.

SUITE 400

City

MIAMI

State

FL

Zip Code

33126

☒ 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

[Signature of Greg Erikson]

REGISTERED AGENT MUST SIGN

Date 03/10/2009

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
CEO	GREG ERIKSON	6303 BLUE LAGOON DRIVE	MIAMI, FL 33126
CFO	JAMI COMPO	6303 BLUE LAGOON DRIVE	MIAMI, FL 33126
SEC	TERRY COSTANZA	6303 BLUE LAGOON DRIVE	MIAMI, FL 33126

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/09

Date

Daytime Phone #