

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 PM 1:33

DOCUMENT # P04000078505

1. Corporation Name

Avant Enterprises, Inc

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

1316 23rd Place SW

Suite, Apt. #, etc.

City & State

VERO Beach, FL

Zip

32962

Country

US

3. Mailing Office Address

1316 23rd Place

Suite, Apt. #, etc.

City & State

VERO Beach, FL

Zip

32962

Country

US

000125042210
04/22/08--01025--005 **450.00

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/2004

5. FEI Number

61-1470959

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

MARLENE Hadden

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

1316 23rd Place SW

Suite, Apt. #, Etc.

City

VERO Beach

State

FL

Zip Code

32962

☒ 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

Date

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
PS	Marlene Hadden	1316 23rd Place SW	VERO Beach, FL 32962
T	Diane Reynolds	101 Essex Drive	PORT PIERCE, FL 34446

REINSTATEMENT

OK

B 4/23/08

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:

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

4/12/08

Date

(772) 565-4361

Daytime Phone #

Marlene Hadden, President