

2005 FOR PROFIT CORPORATION. REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 25 AM 10:49

DOCUMENT # P04000112761

1. Entity Name
AV MANAGEMENT, INC.



Principal Place of Business
9 ISLAND AVENUE #1208
MIAMI BEACH, FL 33139

Mailing Address
9 ISLAND AVENUE #1208
MIAMI BEACH, FL 33139

REINSTATEMENT 05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10122005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number 20-1475890

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VITA, ANGELA
9 ISLAND AVENUE #1208
MIAMI BEACH, FL 33139

Name
VITA, CHARLES
Street Address (P.O. Box Number is Not Acceptable)
9 ISLAND AVENUE, #1208

City MIAMI BEACH FL Zip Code 33139

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles Vita

(NOTE: Registered Agent signature required when reinstating)

10/15/5

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME D VITA, ANGELA ☒ Delete
STREET ADDRESS 9 ISLAND AVENUE #1208
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE NAME VITA, CHARLES ☐ Change ☒ Addition
STREET ADDRESS 9 ISLAND AVENUE, #1208
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700060919807
CITY-ST-ZIP 10/25/05--01046--015 **150.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/5 305 7772235