

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 19 AM 7:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000114251

1. Corporation Name

AVIROY, INC

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

13886 CAROLINA LAUREL

3. Mailing Office Address

13886 CAROLINA LAUREL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32828

Country

USA

Zip

32828

Country

REINSTATEMENT
CR2E08T (1/07) 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

08-04-2004

5. FEI Number

20-1452787

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

THOMAS R MILLER

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

1628 KALAKAUA COURT

Suite, Apt. #, Etc.

City

GULF BREEZE

State

FL

Zip Code

32563

☒ 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

THOMAS R MILLER
REGISTERED AGENT MUST SIGN

Date 3/12/2007

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	AVIYA FLUR	13886 CAROLINA LAUREL	ORLANDO, FL 32828
VP	ROY GAVRA	13886 CAROLINA LAUREL	ORLANDO, FL 32828

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:

AVIYA FLUR

AVIYA FLUR

02/27/2007

850-565-0408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell MAR 19 2007