PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE 07 AUG -7 PM 1: 17 CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SEURLEMENT DE ST**ATE** TALLAHASSEE, FL**ORIDA** DOCUMENT # 704000158960 1. Corporation Name Ava Home Design + Remodeling Inc 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # POBOX 31080 CR2E081 (1/07) 3510 Hollywood Blue #3 4. Date Incorporated or Qualified To Do Business in Florida City & State 5. FEI Number Applied For 6. \$8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in amantha circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you <u> 510 Holl</u> are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Zip Code City 307 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 Agen REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of City / State / Zip Titles Officers and/or Directors Officer and/or Director サス 3310 Hollywood Blook 700107463307 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: