

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 19 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000113811

1. Corporation Name

AVALON INVESTMENT ENTERPRISES, INC.

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

6000 ISLAND BLVD

Suite, Apt. #, etc.

UNIT 1908

City & State

Aventura, FL

Zip

33160

Country

USA

3. Mailing Office Address

c/o Mellawyers Registered Agents

Suite, Apt. #, etc.

2601 S. Bayshore Drive #700

City & State

Coconut Grove, FL

Zip

33133

Country

USA

000172649120
03/19/10--01040--004 **1200.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida **08/16/2005**

5. FEI Number
20-3319055

☒ 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

Mellaw Registered Agents, LLC

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

2601 South Bayshore Drive

Suite, Apt. #, Etc.

Suite 700

City

Coconut Grove

State

FL

Zip Code

33133

☐ 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

REGISTERED AGENT MUST SIGN

Date **03/15/2010**

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
PTSD	BABATZ, JORGE EDUARDO	6000 ISLAND DRIVE BELLAMARE BUILDING 1908	Aventura, FL 33160

10. E-mail Address: **info@mellawyers.com**

(To be used for future annual report notification)

11. 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BABATZ, JORGE EDUARDO

03/15/2010

Date

Daytime Phone #

3/19/20