

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR 19 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000066121

1. Corporation Name

A/V Home Designs

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

825 Maple Springs Ln

Suite, Apt. #, etc.

3. Mailing Office Address

825 Maple Springs Ln

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32221

Country

DUVAL

Zip

32221

Country

DUVAL

000172649460

03/19/10--01040--010 \*\*608.75

REINSTATEMENT 07-10

4. Date Incorporated or Qualified  
To Do Business in Florida

5/10/06

5. FEI Number

42-1704137

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

Adam Lentz

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

825 Maple Springs Ln

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32221

☒ 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

Adam Lentz

REGISTERED AGENT MUST SIGN

Date 3/16/10

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	Adam Lentz	825 Maple Springs Ln	JAX, FL 32221

10. E-mail Address: AVHOMEDESIGNS@GMAIL.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:

Adam Lentz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/10

Date

904-673-9346

Daytime Phone #