

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY -5 A 9 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000026882

1. Corporation Name

AV Acquisition Inc.

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

1291 SW 29 Ave.

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Pompano Beach FL

City & State

Zip

33069

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/27/07

5. FEI Number

20-8560154

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

Randy S. Selman

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

1291 SW 29 Ave.

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Randy S. Selman

REGISTERED AGENT MUST SIGN

Date 4/30/10

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
D	Randy S. Selman	1291 SW 29 Ave.	Pompano Beach, FL 33069

REINSTATEMENT

08-10

[Signature]

10. E-mail Address: joanne@onsm.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:

Randy S. Selman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/10

Date

954-917-6655

Daytime Phone #