

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 DEC 21 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Ava's Twinkle Toes, Inc.  
P07000070925

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

624 Norsota Way  
Suite, Apt #, etc

3. Mailing Office Address

PO Box 25476  
Suite, Apt #, etc

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34242

Country

US

Zip

34277

Country

US

900163833009  
2/21/09--01053--002 \*\*308.75

REINSTATEMENT CR2E081 (11/09)

08-09

4. Date Incorporated or Qualified  
To Do Business in Florida

6/18/07

5. FEI Number

59-1543633

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

Susan M. Priovolos

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

624 Norsota Way  
Suite, Apt #, Etc.

City

Sarasota

State

FL

Zip Code

34242

☒ 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

Susan M. Priovolos

REGISTERED AGENT MUST SIGN

Date

12/17/09

**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
Co-P S	Susan Priovolos	624 Norsota Way	Sarasota, FL 34242
Co-P T	Kimberly Speaker	4618 Pine St SE	Smarna, GA 30080
V	Sally Zannoni	1212 Ben Franklin Dr Unit #808	Sarasota, FL 34236
V	Cheryl Speaker	1212 Ben Franklin Dr Unit #604	Sarasota, FL 34236

10. E-mail Address:

Kim@kimspeaker.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:

Susan Priovolos

12/17/09