

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 14 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 08000104619

1. Corporation Name

AVN CAR WASH & TINTING CORP.

400180911464
05/14/10--01036--003 **300.00

2. Principal Office Address - No P.O. Box #
2101 SW. 8 ST.

3. Mailing Office Address
2101 SW. 8 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA 33135

City & State

MIAMI, FLORIDA 33135

Zip

33135

Country

USA

Zip

33135

Country

USA

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
26-3794171

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

VICTOR H. MARTINEZ

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

1676 W. 74 ST.

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33014

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

VICTOR H. MARTINEZ

Date 5-12-10

REGISTERED AGENT MUST SIGN

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/P/S	MARTINEZ, VICTOR H.	1676 W. 74 ST.	HIALEAH, FL. 33014
T.			

REINSTATEMENT

RH

10. E-mail Address:

(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:

VICTOR H. MARTINEZ

5-12-10 786- 975-7862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #