

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P18000094928

1. Corporation Name

AVA GROUP CORP

2. Principal Office Address - No P.O. Box #
709 ALTON ROAD

3. Mailing Office Address
709 ALTON ROAD

Suite, Apt. #, etc.
2nd FLOOR

Suite, Apt. #, etc.
2nd FLOOR

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip
33139

Country
US

Zip
33139

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida **11/16/2018**

5. FEI Number
93-4437158

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DAVID SOLIMAN

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

Suite, Apt. #, Etc.
2nd FLOOR

City
MIAMI BEACH

State
FL

Zip Code
33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent */s/ David Soliman*

Date **11-15-23**

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
P	DAVID SOLIMAN	709 ALTON ROAD 2nd FLOOR	MIAMI BEACH, FL 33139

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: */s/ David Soliman* **DAVID SOLIMAN**

11-15-23

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2023 NOV 16 AM 9:31
FILED
SECRETARY OF STATE

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11/17/23--01001--007 **1385.00

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