

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 10 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000082743

1. Corporation Name

A.V.L.E. BUILDERS INC.

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address

11623 SW 169 TER

3. Mailing Office Address

11623 SW 169 TER

Suite Apt # etc

City & State

MIAMI, FL

City & State

MIAMI, FL

4. Date Incorporated or Qual
To Do Business in Florida

NOV. 24, 1993

5.

65 0489774

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

ALVARO VELOSA

11623 SW 169 TER

000085636290

01/23/07--01003--018 **1200.00

MIAMI,

State
FL

33157

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Jan 8, 2007

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	ALVARO VELOSA	11623 SW 169 TER	MIAMI, FL 33157

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 8, 2007

Date

786-512-1997

Daytime Phone #