

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Tatamir Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 30 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087730

1. Corporation Name

AVATAR FOOD GROUP, INC.

2. Principal Office Address

4121 BURNS ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

SAME

Zip

33410

Country

US

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-17-1993

5. FEI Number

650453274

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

HAIG BERBERIAN

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

4121 BURNS ROAD

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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**

Haig J. Berberian

REGISTERED AGENT MUST SIGN

Date 5-24-00

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
PRES.	HAIG BERBERIAN	4121 BURNS RD	PALM BEACH GARDENS FL 33410
			FLS

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 under section 119.07(3)(i), 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:

Haig J. Berberian

HAIG J. BERBERIAN

5-24-00

Date

561-694-0546

Daytime Phone #



20f2

Wednesday, May 24, 2000

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Recently it was discovered that our Florida Corporation had been dissolved by your office due to non-filing of the Annual Report.

Albeit our responsibility, I assure you that this oversight was unintentional. If you look at our history prior we always filed and paid timely. I have no explanation as to why we never received the report other than maybe it went to the old mailing address on file at 11911 US hwy. One, North Palm Beach.

We are a very small company and the numerous hats worn, in particular by me, at times do create a slipping through the cracks of things. We had no intention of, and nothing to gain by not filing.

I contacted your office and was instructed to write this letter of explanation and to write this request of a one-time waiver of reinstatement fees. I was also instructed to include a check for \$300.00 for the two years' fees that are due (check enclosed).

A reinstatement and waiver of fees would be greatly appreciated and thank you in advance for giving us consideration in this matter.

Sincerely,

Haig Berberian
561-694-0546