

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087730

1. Corporation Name

AVATAR FOOD GROUP, INC.

Principal Place of Business

4121 BURNS RD.
PALM BEACH GARDENS FL 33410
US

Mailing Address

4121 BURNS RD.
PALM BEACH GARDENS FL 33410
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

5 SHAWS COVE

Suite, Apt. #, etc.

STE 203

City & State

NEW LONDON, CT

Zip

06320

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1993

5. FEI Number

65-0453274

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BERBERIAN, HAIG	4121 BURNS RD.	PALM BCH GARDENS FL 33410

200025330632
12/08/03--01076--026 **750.00

8. Name and Address of Current Registered Agent

BERBERIAN, HAIG
4121 BURNS RD.
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Haig Berberian

REGISTERED AGENT MUST SIGN

Date

11/14/03

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 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 Berberian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Haig Berberian

Date

11/01/03

Daytime Phone #

CR2E040 (7/03)