

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

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97 FEB 24 PM 1:34

DOCUMENT # P94000021143

1. Corporation Name

AVRIL OF COLLIER COUNTY, INC.

1996-1997 ANNUAL
REPORTS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~3357 TAMiami TRAIL NORTH
NAPLES FL 33940~~

~~3357 TAMiami TRAIL NORTH
NAPLES FL 33940~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

590 TAMiami TRAIL N

590 TAMiami TRAIL N.

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

Zip

Country

34102

34102

5. FEI Number

65-0529632

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	AVRIL LOIC	3357 TAMiami TRAIL NORTH	NAPLES FL 33940
P	JESSE E. LEVINE	13100 HAMILTON HARBOUR DR G-2	NAPLES, FL 34110-9108
			200002098872--9 -02/26/97--01092--003 ****365.00 ****365.00
f			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANGFORD, GEORGE P
3357 TAMiami TRAIL NORTH
NAPLES FL 33940

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESSE E. LEVINE

Date

Daytime Phone #

Feb 2, 1997 1941-434

0020

CR2E040 (7/96)

Avril of Collier County, Inc.

d/b/a Voila Restaurant

590 - 9th Street, North
Naples, FL 34102
(941)-434-0020

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February 20, 1997

Ms. Amy Alan
Document Specialist
FLORIDA DEPARTMENT OF STATE
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Subject: Letter Number: 397A00006648
Ref. Number: P94000021143
Avril of Collier County, Inc.
Form 941 - 4th Qtr 1994

Dear Ms. Alan:

Per your conversation of February 19, 1997, with Ms. Linda Westerfer regarding reinstatement of the above referenced corporation, please be advised of the following. We have checked with Mr. Loic Avril regarding renewal of the corporate status. Mr. Avril has been ill for some time, and has been unable to attend to these matters personally. However, he has indicated that he does not remember ever having received a renewal notice. Therefore, we are hereby requesting waiver of penalties related to renewal.

Enclosed please find our check in the amount of \$365.00 covering renewal fees of \$200 for 1996 and \$165 for 1997, along with our reinstatement application. We trust that this letter will enable you to reinstate the corporation at the standard fees.

Thank you for your help in resolving this matter.

Sincerely,

AVRIL OF COLLIER COUNTY, INC.


Juliette Robert
General Manager


Witness


Witness