

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 30 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000055955**

1 Corporation Name  
**AVROCK, INC.**

Principal Place of Business  
**900 COLLINS AVENUE  
MIAMI BEACH FL 33139**

Mailing Address  
**900 COLLINS AVENUE  
MIAMI BEACH FL 33139**



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	
		<b>1585 Broadway</b>		<b>07/27/1994</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
		<b>Suite 2206</b>		<b>65-0518884</b>	
City & State		City & State		Applied For	
		<b>New York, NY</b>		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for Certificate of Status	
		<b>10036</b>	<b>New York</b>		

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVD	CHATTOO, RAY	900 COLLINS AVENUE	MIAMI BEACH FL 33139
TSD	CUERVO, GRACIE C	900 COLLINS AVENUE	MIAMI BEACH FL 33139
			<del>200002046132-1</del> <del>-01/03/97--01183--014</del> <del>****383.75 ****383.75</del>

REINSTATEMENT 1996  
A. Mow 12/30/96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>MONTELLO, LOUIS R 701 BRICKELL AVENUE STE. 1200 MIAMI FL 33131</b>		Name <b>David Azrin, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>44 West Flagler Street</b> Suite, Apt. #, Etc. <b>Suite 2550</b> City <b>Miami</b> State <b>FL</b> Zip Code <b>33130</b>	

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: *David Azrin* Date: **12/24/96**

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)(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: *Ray Chattoo* Date: **12/14/96** Daytime Phone #: **718-205-3675**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Ray Chattoo**