	PLEASE READ	ALL INS	TRUCTIO	NS BEFORE	COMPLET	ING THIS FORM.	
AP	PLICATION AND			TMENT OF STATE	1		
FOR			Sandra B.	Mortham	FILED		
REIN	ISTATEMENT	<b>)</b> _	Secretary			1 1 (20) 5000 110	
DOCUMENT # P9400066254					98 NOV 19 PM 3:58		
1. Corporation Name					CCORETATO! OF STATE		
AVE TECHNOLOGIES, INC.					SECRETATY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address					_		
9344 N.W. Miami FL 3	13TH STREET 33174	7920 SW 147 COURT MIAMI FL 33193 US					
	addresses are incorrect in any way, line thr						
	ncipal Office Address, If Applicable	New Mailing Office Address, If Applicable			Date Incorp     To Do Busin	orated or Qualifled ness in Florida	06/1994
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. FEI Numbe	<del>-</del>	Applied For
City & State	3	City & State		- 1	65_05 10070		Not Applicable
Zip Country		Zip		Country	6. CERTIFICATI	6. CERTIFICATE OF STATUS DESIRED V 58.75 Additional Fee require for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit c	orporations must list at lea			
Title(s)	Name of Officers and/or Directors 2				City / State / Zip		
P	CUTOLO, VINCENT T JR. 7920 N.W. 147			147TH COURT	MIAMI FL 33193		
D	LAM, ALEX S 7461 S.			1 S.W. 129TH AVENUE		MIAMI FL 33183	
- 111					BR		
	REINSTATEMENT_				<u> </u>		
	KLIN			3 1 W # Figures		-M/24/9801023008	
					90 11-	20 *****758.75	****758.75
					11		
8. Name and Address of Current Registered Agent					9. Name and A	ddress of New Registered A	gent
CUTO	O VINCENT T.IR			Name			
CUTOLO, VINCENT T JR. 7920 S. W. 147TH COURT					.O. Box Number	s Not Acceptable)	
MIAMI FL 33193 Suite, Apt. #, Etc.					-	· ·	
City						State	Zip Code
10. I, being	appointed the registered agent of the above	e named eeroo	ration, am fami	llar with and accept the of	ligations of Section	FL 00 607 0505 F.S	
Signature of Registered	5/11/1	GISTERED AG	N MUST SIG	MIRED		Date/3NOL	<i>1-98</i>
	is corporation owes or ha angible Personal Propert				No 🗹	(See other side on intang	
this reins owed by	that I am an officer or director or the receive statement application, the reason for dissol the corporation have been paid and the ni pplication is true and accurate, and my sign	ution has been a mes of individu	eliminated, the Jals listed on th	corporate name satisfies t is form do not qualify for a	he requirements on an exemption und	of section 607 0401 or 617 040	1 FS that all fees

SIGNATURE: