

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 26 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000036052**

1. Corporation Name

AVTV CORP

2. Principal Office Address

2320 TIGER TAIL CT

Suite, Apt. #, etc.

3. Mailing Office Address

2320 TIGER TAIL CT

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-5-95

5. FEI Number

650578245

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALEJANDRO VILLEGAS

600040526136

08/26/04--01035--008 **800 75

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

2320 TIGER TAIL CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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

[Signature]

Date

8-10-04

REGISTERED AGENT MUST SIGN

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	ALEJANDRO VILLEGAS	2320 TIGER TAIL CT	MIAMI FL 33133
VICE	JUAN CASTANEDA	2320 TIGER TAIL CT	MIAMI FL 33133

700040123277
08/12/04--01008--003 **300.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-10-04

Daytime Phone #

305-3038779

CR2E081 (01/04)