

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **PA5660087371**

1. Corporation Name

AVLA, INC.

Principal Place of Business

**11015-A N. Dale Mabry Hwy
Tampa, FL 33618**

Mailing Address

**11015-A N. Dale Mabry Hwy.
Tampa, FL 33618**

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-14-95

5. FEI Number

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)

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
D/P A/T	A.G. RAPPAPORT	11015-A N. Dale Mabry Hwy.	Tampa, FL 33818

8. Name and Address of Current Registered Agent

**A.G. RAPPAPORT
11015-A N. Dale Mabry Hwy
Tampa, FL 33618**

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.

Signature of
Registered Agent

See attached

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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.

SEE ATTACHED FOR SIGNATURES

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
A.G. RAPPAPORT - Director, President

Date

Daytime Phone #

FILED

99 MAR 29 PM 3:46

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **97-99**

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0440249-01086-012

***1050.00 ***1050.00

CR0208112/98

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APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000087371			
1. Corporation Name <div style="text-align: center; font-weight: bold; font-size: 1.2em;">AVLA, INC.</div>			
Principal Place of Business 11015-A N. DALE MABRY HWY TAMPA, FLORIDA 33618		Mailing Address 11015-A N. DALE MABRY HWY TAMPA, FLORIDA 33618	
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.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		11-14-95	
5. FEI Number		Applied For <input checked="checked" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers) 3	City/State/Zip 4
D/P S/T	A. G. RAPPAPORT	11015-A NORTH DALE MABRY HIGHWAY	TAMPA, FLORIDA 33618
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
A. G. RAPPAPORT 11015-A NORTH DALE MABRY HIGHWAY TAMPA, FLORIDA 33618		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City <div style="display: flex; justify-content: space-between;"> State FL Zip Code </div>	
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 <u>March 22, 1999</u> <div style="text-align: center; font-size: 0.8em;">REGISTERED AGENT MUST SIGN</div>			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30 Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="text-align: right; font-size: 0.8em;">(See other side for information on intangible tax.)</div>			
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: A. G. Rappaport March 22, 1999 813-269-0899 <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>			