PLEASE READ	ALL INS	TRUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
APPLICATION FLORIDA DEPARTMENT OF Katherine Harris						$-\left( 1\right) $	
FOR	10000	Secretary of		4:	the property		
REINSTATEMENT DIVISION OF CORPORATIONS				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
DOCUMENT # PABCCCS7371  1. Corporation Name				1	R29 PN 3:46		
AVLA, INC.		WK1-7486		IALLAI Malaar	MASSIL, FLORIDA		
Principal Place of Business	Mailing Addr	ress					
11015-A N. Dale Mabry Hwy Tampa, F1 33618  11015-A N. Dale Mabry Hwy. Tampa, F1 33618			Mabry Hwy.				
			<b>t</b> e∾h	PILICT	ATCRAENTO	1.99	
If above addresses are incorrect in any way, line t  2. New Principal Office Address, If Applicable	hrough incorrect i	nformation and enter	correction below	LINO I	orated or Qualified		
Suite. Apt #, etc.	Suite, Apt. #			To Do Busin	ness in Florida 11–14–95	,	
City & State	City & State			5 FEI Numbe	г	Applied For  X Not Applicable	
Zip Country	Zip	Count	 ry	6 CERTIFICATE		ditional Fee required	
Names and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofit corpor	ations must list at lea		for a C	ertificate of Status	
Title(s)  Name of Officers and/or Directors		St	reet Address of Each flicer and/or Director		City / State / 2	Zip	
D/P		3 (Do NOT Use Post Office Box N			Tampa, FL 33818		
A/T A.G. RAPPAPORT	A/T A.G. RAPPAPORT		11015-A N. Dale Mabry Hw		1allipa, PE 33010		
					( >1		
						·	
				Fil	153299-0100 1004/02/49	%==012	
					***1050,00 **	**1050.00	
Name and Address of Curren	t Registered Age	ent	- <del></del>	9. Name and A	Address of New Registered Agent		
1.G. RAPPAPORT			Name				
1015-A N. Dale Mabry Hwy			Street Address (P.O. Box Number is Not Acceptable)				
Tampa, F1 33618		Suite, Apt. #, Etc.					
		City		State Zip Code			
10. I, being appointed the registered agent of the at	ove named corpo	oration, am familiar w	ith and accept the ob	ligations of Section			
Signature of Registered Agent XX CUTCULUL REGISTERED AGENT MUST SIGN					Date		
11. This corporation owes the current year				□ No □	(See other side for it on intangible t		
12. I certify that I am an officer or director or the rece	- <u>-</u>					that when films	
this reinstatement application, the reason for dis- owed by the corporation have been paid and the on this application is true and accurate, and my s	solution has been names of individ	eliminated, the corpo uals listed on this for	prate name satisfies th m do not qualify for a	he requirements in exemption und	of section 607.0401 or 617.0401, F.	S., that all fees	
SEE ATTA	CHED FOR	SIGNATURES					
SIGNATURE: SIGNATURE AND TYPED OR PI	RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A.G. RAPPAPORT Director, President				Date Daytinie F	<sup>5</sup> hane #	
A.G. KAI	TALONI -	DILECTOL,	* 1 COTUCHE				

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
EINSTATEMENT

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT Sandra B. Mort Secretary of S DIVISION OF CORPORA	tham tate				<i>,</i>	
DOCU	JMENT # P950000	87371						
] '	AVLA, INC.							
Principal Pla	ice of Business	Mailing Address		4				
	A N. DALE MABRY HWY FLORIDA 33618	11015-A N. DALE TAMPA, FLORIDA						
		ough incorrect information and enter corre		<u></u>		<u>-</u>		
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida			11-14-95	
Suite, Apt. #	r, etc	Suite, Apt #. efc.		1				
				5. FEI Numbe	gr		Applied For	
City & State	,	City & State	<del></del>	]		X	Not Applicable	
				6.		T\$8.75 A	Additional Fee regular	d
7:-	Country	Zip	1 Campage		F STATUS DESIRED 1		ertificate of Status	-
Zip	Соинту	Zip	Country	<u> </u>		<u> </u>		
7. Names an		or Director (Florida nonprofit corporations		directors	<del></del>			
		Officer and/o	or Director	City/State/Zip bers) 4			e/Zip	
D/P A. G. RAPPAPORT 11015-A NO		11015-A NORTH DALE	MABRY HIGH	TAMPA, FLORIDA 33618				
	8. Name and Address of Curre	nt Registered Agent	9. Name and Address of New Registered Agent					
A. G. F	RAPPAPORT		Name Street Address (P.O. Box Number is Not Acceptable)					
	A NORTH DALE MABRY HIC	CMUNV						
		SMILAI	Suite, Apt. #, Etc.					
TAMPA, FLORIDA 33618			City	ty State Zip Code				
	appointed the registered agent of the abo	ve named corporation, am familiar with a	and accept the obliga	ations of Sectio	on 607.0505 f.S.	22.	1999	
_	RECHS	STERED AGENT MUST SIGN						
	•	s or has paid the cui operty tax due June	•		<b>,</b> []	(Sea	e other side for informa on intengible tax.)	tion
this reins owed by	statement application, the reason for diss rithe corporation have been paid and the	eiver or trustee empowered to execute th solution has been eliminated, the corporati names of individuals listed on this form d ignature shall have the same legal effect	e name satisfies the o not qualify for an	requirements o exemption unde	of section 607,0401	or 617.040	01, F.S., that all fees	•
SIGNATU	RE: MR MAN AND BE	A. G. J	Rappaport	March (	27, 1999	<u>{</u>	813-269-0895	<u> </u>