

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 11 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000014933

1. Corporation Name

Ava + Rufus, Inc.

Principal Place of Business

Mailing Address

2552 Tomoka Farms Rd.
Daytona Beach, FL
32124

P.O. Box 9356
Daytona Beach,
FL 32120

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32120

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

59-3437676

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
PST	Diane Lapham	2552 Tomoka Farms Rd	Daytona Beach, FL 32124
VP	Charles H. Kleinschmidt	2145 W. Pinckett Dr	Daytona Beach, FL 32124

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Michael A. Van Houten
114 S. Palmetto Avenue
Daytona Beach, FL 32114

Name
Charles H. Kleinschmidt
Street Address (P.O. Box Number is Not Acceptable)
400 Fentress Blvd (ofs)
Suite, Apt. #, Etc.
A
City
Daytona Beach
State
FL
Zip Code
32114

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

REGISTERED AGENT MUST SIGN

Date

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:

CHARLES KLEINSCHMIDT V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/98

Daytime Phone #

904
255-0702

CR2E040 (12/96)