

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 21 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000079971

1. Corporation Name

AVA ANTHONY, INC.

Principal Place of Business

701 STATE RD
WINTER PARK FL 32708
US

Mailing Address

6801 FOREST CITY RD
ORLANDO FL 32810
US

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

2719 Shoemaker Lane

Suite, Apt. #, etc.

City & State

Mount Dora, FL

Zip

32757

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1996

SP

5. FEI Number

59-3403767

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MANSOUR, GEORGE R	647 EAST FIFTH AVENUE 2719 Shoemaker Lane	MOUNT DORA FL 32757
P	GOWNI, KAMIL F.	1348 VALLEY PINE CIRCLE	APOPKA FL 32712

4000003768894--B
-02/26/01--01152--023
****900.00 ****900.00

8. Name and Address of Current Registered Agent

CLEMENT, G E ESQ
308 EAST FIFTH AVENUE
MOUNT DORA FL 32757

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

2/19/01

11. 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

Daytime Phone #

2-15-01 407-464-0200

CR2E040 (8/00)