

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **P96000083662**

1. Corporation Name
AVIJOS, INC.

Principal Place of Business
15140 SOUTHWEST 104TH STREET #301
MIAMI FL 33196

Mailing Address
15140 SOUTHWEST 104TH STREET #301
MIAMI FL 33196

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 19521 SW 158 CT Suite, Apt. #, etc. SUITE 303 City & State MIAMI FL Zip 33196 Country USA		3. New Mailing Office Address, If Applicable 19521 SW 158 CT Suite, Apt. #, etc. SUITE 303 City & State MIAMI FL Zip 33196 Country USA	
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FILED
99 MAR 16 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 10/07/1996	5. FEI Number 66-0748206	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

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
PSTD	AVILA, JOSE	15140 SOUTHWEST 104TH STREET #301 19521 SW 158 CT #303	MIAMI FL 33196 MIAMI FL 33196

500002814315-0
03/22/99 01146-010
*****1058.75 ***1058.75**

8. Name and Address of Current Registered Agent

TETZEL, HELENA ESO
15140 SOUTHWEST 104TH STREET #301
MIAMI FL 33196

Signature of Registered Agent:

REGISTERED AGENT MUST SIGN

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:

11. This corporation owes or has paid 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 (305) 752-3296

Date: _____ Daytime Phone: _____

CR2E040 (8/97)