

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

27 DEC 31 AM 9:16

DOCUMENT # P97000010876

1. Corporation Name

**AVAP INVESTMENTS, INC.**

2. Principal Office Address - No P.O. Box #

2315 NW 107TH AVE BUILDING #1

3. Mailing Office Address

1549 NE 123RD STREET

Suite, Apt. #, etc.

#12 BOX 60

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33172

Country

US

Zip

33161

Country

US

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

02-04-1997

5. FEI Number

65-0732219

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**GOLDSTEIN, ELIAS**

Street Address (P.O. Box Number is Not Acceptable)

2315 NW 107TH AVE

Suite, Apt. #, Etc.

BUILDING 1 SUITE 12 BOX 60

City

DORAL

State

FL

Zip Code

33172



The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Elias Goldstein*

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ELIAS GOLDSTEIN	2315 NW 107TH AVE BUILDING #1 SUITE 12 BOX 60	DORAL FL 33172
D	RUBEN A. GOLDSTEIN	2315 NW 107TH AVE BUILDING #1 SUITE 12 BOX 60	DORAL FL 33172

**REINSTATEMENT** *B 1/8/08*  
*05-07* *800113517258*  
*12/31/07--01018--025 \*\*450.00*

10. 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 contained in Chapter 119, 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:

*Elias Goldstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC 22, 07

Date

305-541-3980

Daytime Phone #