

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
Jun 27, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P97000014043

1. Corporation Name

AVM CORPORATION

2. Principal Office Address
2655 Le Juene Road

3. Mailing Office Address
2655 Le Juene Road

Suite, Apt. #, etc.
Suite 546

Suite, Apt. #, etc.
Suite 546

City & State
Coral Gables, FL

City & State
Coral Gables

Zip
33134

Country
USA

Zip
33134

Country
USA

REINSTATEMENT 98-02

4. Date Incorporated or Qualified To Do Business in Florida 2/13/97

5. FEI Number

65-0730659

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

Jorge Enrique Vaillant

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

17321 S.W. 74th Avenue

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33157

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

Jorge E. Vaillant

Date

6-26-02

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
Pres.	Jorge E. Vaillant	17321 S.W. 74th Avenue	Miami, FL 33157

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 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

Jorge Enrique Vaillant

Date

6-26-02 (305) 444-0572

Daytime Phone #

CFR2081 (9/01)