

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 DEC 24 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000017512

1. Corporation Name
AVEKS, INC.

Principal Place of Business

Mailing Address

7132 SW 110 AVE.
MIAMI FL 33173

7132 SW 110 AVE.
MIAMI FL 33173

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

4. Date Incorporated or Qualified To Do Business in Florida

02/25/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0731504

Applied For

Not Applicable

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33183

Country

U.S.A.

Zip

33183

Country

U.S.A.

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	MESIAS, PAOLA G RAMIREZ, PAOLA G.	7132 SW 110 AVE. 7910 S.W. 131 Ave	MIAMI FL 33173 33183
D	CASTILLO, DIANA M	7132 SW 110 AVE. 7910 S.W. 131 Ave	MIAMI FL 33173 33183
			888882725688-4 -12/29/98-01099-026 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAMIREZ, PAOLA G
7132 SW 110 AVE.
MIAMI FL 33173

Name Paola G. Ramirez
Street Address (P.O. Box Number is Not Acceptable)
7910 S.W. 131 Ave
Suite, Apt. #, Etc.

City Miami State FL Zip Code 33183

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 x Paola G Ramirez REGISTERED AGENT MUST SIGN

Date 12/15/98

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 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)(l), 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: x Paola G Ramirez REGISTERED AGENT MUST SIGN Paola G. Ramirez Date 12/15/98 (305) 387-1187

CR2E040 (9/98)