

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

*98 AR*

**FILED**  
 98 NOV 30 AM 9:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P97000107232**

1. Corporation Name  
**AVEGA CORPORATION**

Principal Place of Business 1819 NORTH SEMORAN BLVD ORLANDO FL 32807	Mailing Address 1819 NORTH SEMORAN BLVD ORLANDO FL 32807
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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 12/22/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3491875
City & State	City & State	Applied For Not Applicable
Zip	Country	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)

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	EULIANO, NEIL R	1819 NORTH SEMORAN BLVD	ORLANDO FL 32807

000002703910--6  
 -12/04/98--01111--013  
 \*\*\*\*158.75 \*\*\*\*158.75

8. Name and Address of Current Registered Agent RYAN, MICHAEL ESQ 215 NORTH EOLA DRIVE ORLANDO FL 32801	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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: *Michael Ryan* **SIGNATURE REQUIRED** Date: *November 23, 1998*

REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *11/16/98* Daytime Phone #: *(407) 681-9205*

CR22040 (8/98)