

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P98000080677

1. Corporation Name

AVRU, INC.

Principal Place of Business

ELAINES UNIFORMS
5722 CORTEZ RD W
BRADENTON FL 34210

Mailing Address

5722 CORTEZ RD W
SARASOTA FL 34243

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

5722 CORTEZ RD W

BRADENTON FL

34210

MANATEE

FILED

02 NOV -5 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2002 UBR

4. Date Incorporated or Qualified To Do Business in Florida	09/15/1998
5. FEI Number	65-0864371
Applied For	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	4 City / State / Zip
PT	ROYCE, ALLEN	4720 TOURNAMENT BLVD	SARASOTA FL 34243
VS	ROYCE, VERA	4720 TOURNAMENT BLVD	SARASOTA FL 34243

600008617026
10/28/02--01052--016 **158.75

8. Name and Address of Current Registered Agent

STEPHEN F. VOIGT, P.A.
2414 BEE RIDGE ROAD
SARASOTA FL 34239

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

11. 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 of Allen Royce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

941-795-1100

Date

Daytime Phone #

CR2E040 (8/02)

Elaine's UNIFORMS

Where Selection, Style, Savings and Service come together.



Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We have reviewed our records and to the best of our knowledge we did not receive any of the prior mailing for the uniform business reports (UBR) for 2002. We believe that this may be due to the incorrect mailing address that is on the application you sent us and on the this mailing.

We have of course corrected the address on the enclosed application for reinstatement. Also included is the 150 for profit corporation fee.

Sincerely,

Allen Royce
Pres. AVRU Inc.