

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000027920

1. Corporation Name

AVS LEASING, INC.

Principal Place of Business

7454 COVE TERR.
SARASOTA FL 34231

Mailing Address

7454 COVE TERR.
SARASOTA FL 34231



000009437120
12/10/02--01051--008 **150.00

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

03/25/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0920805

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
S	LUZIER, THOMAS B	3400 TAMiami, STE 202	SARASOTA FL 34239
P	HADDON, ALASTARR	7454 COVE TERRACE	SARASOTA FL 34231

8. Name and Address of Current Registered Agent

LUZIER, THOMAS B
3400 TAMiami TR
STE 202
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name: CASSANDRA RUSSELL
Street Address (P.O. Box Number is Not Acceptable)
2033 WOOD ST
Suite, Apt. #, Etc. 215
City SARASOTA State FL Zip Code 34237

CR2E040 (9/02)

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

11/11/02

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.

Ar Mad

SIGNATURE:

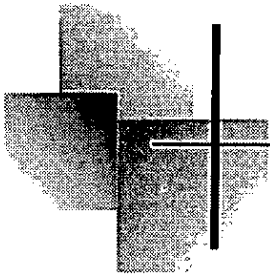
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/02 947 922 5022



CMR & ASSOCIATES SERVICES, INC.

2033 Wood Street, Suite 215
Sarasota, FL 34237
Phone: 941-366-3603 - Fax: 941-365-7254
Email: cmr@cmrassociates.org
Web: <http://www.cmrassociates.org>

December 3, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: AVS Leasing, Inc.

Dear Sir or Madam:

We are in receipt of your notice dated November 22, 2002 (copy enclosed) regarding the Florida Dept of Revenue confusion. Please take another look at the check #572 (copy enclosed). You will note that the client wrote this check out to the Florida Dept of State. Someone at your end put a Dept of Revenue stamp on it and that must have been the cause of confusion surrounding this issue.

We are enclosing a check in the amount of \$150 and we will seek a refund from the Florida Dept of Revenue at this end. We respectfully request that you accept this for reinstatement due to the confusion surrounding this matter.

We appreciate any consideration you can give this matter. If you have any questions, please contact the undersigned.

Respectfully,

CMR & ASSOCIATES SERVICES, INC.

Cassandra M. Russell, EA
President

CMR\dag
Enclosures
cc: Mr. Alastair Haddow

Member: National Society of Accountants

