PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



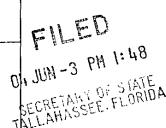
FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P99000038914 **DOCUMENT #**

1. Corporation Name

AVASTAR INTERNATIONAL, INC.



| | | | | | | • | MITTHE | | | | | |
|--|-----------------------------------|--------------------------------|----------------|--|---------------|---------------------------|--|---|--|---|-----------------|--|
| Principal Place of Business Mailing Address | | | | | ess | | | B) () E 18:10 (8)() BE()(86)(| | (18:1 0 18 5 (18 1 - 8 1) | ı (84) | |
| 5000 S. HIMES AVE. #332 3225 S. MAC TAMPA FL 33611 SUITE 129-24 TAMPA FL 33 | | | | | | | | | | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | | | | EINSTATE DA - 94 4. Date Incorporated or Qualified | | | | |
| and the second s | | | | <u> </u> | | | To Do Bu | isiness in Florida | | /29/1999 - | 70 | |
| Suite, Apt. #, etc. | | | | etc. | | | 5. FEI Numl | | | Applied | For | |
| City & State City & State | | | | | | 59-3574091 Not Applicable | | | | | | |
| Zip Country Zip | | | <u> </u> | Country | | | CERTIFICATE OF STATUS DESIRED Status Status Status Status 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 | | | | City / State / Zip | | | | |
| PCD | ERICKSON, DAN O | | | 5000 S. HIMES AVE. #332 | | | TAMPA FL 33 | TAMPA FL 33611 | | | | |
| S | ERICKSON, GEORGINA S | | | 5000 S. HIMES AVE. #332 | | | TAMPA FL 33611 | | | | | |
| | | ч | | | | • | | | | | | |
| | | | | 500037797955 | | | | | 55 **1050.00 | | | |
| | | | | | | | | | | | | |
| <u> </u> | | | | E | | | | | | | | |
| 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent | | | | | | | | | | | | |
| EDICI/OON-DANIO | | | | Name | | | a · · · · · · · · · · · · · · · · · · · | (2) | | | | |
| ERICKSON, DAN O 5000 S. HIMES AVE. #332 | | | | Street Address (P. | | | P.O. Box Number is Not Acceptable) | | | | CR2E040 (8/02) | |
| TAMPA FL 33811 | | | | Suite, Apt. #, Etc | |). | | | | | | |
| | | | | | | City | | | State FL | Zip Code | | |
| 10. I, being | appointed to | ne registered agent of the abo | ve named corpo | ration, am f | familiar with | and accept the | obligations of Se | ection 607.0505, F.S | . or 617.0505 | , F.S. | | |
| Signature of Signa | | | | | | | | | | | | |
| Registered | , .go.ii | Car. | GISTERED AG | ENT MUST | SIGN | | | Dale | | | | |
| 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 filling 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: | | | | | | | | | | | | |
| | C+7 5 | SIGNATURE AND TYPED OR PR | NTED NAME OF | SIGNING OFF | FICER OR DI | RECTOR | | Date | Day | ytime Phone # | | |

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