

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 27 PM 12: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000074315

1. Corporation Name

AVANT GARDE SPA, INC.

Principal Place of Business

~~1130 11TH STREET APT. 2-B  
MIAMI BEACH FL 33139~~

Mailing Address

1130 11TH STREET APT. 2-B  
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

~~155 MIRACLE MILE~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~SAME~~

Suite, Apt. #, etc.

City & State

~~Coral Gables FL~~

City & State

~~MIAMI BEACH FL~~

Zip

~~33134~~

Country

~~U.S.A~~

Zip

~~33139~~

Country

~~U.S.A~~

4. Date Incorporated or Qualified  
To Do Business in Florida

08/19/1999

5. FEI Number

~~05-0952615~~

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ELSEVYF, MADELEINE	1130 11TH STREET APT. 2-B	MIAMI BEACH FL 33139
D	ALFONSO, JORGE	414 ALCAZAR AVENUE	CORAL GABLES FL 33134

000003470950--1

11/20/00--01133--012

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

ELSEVYF, MADELEINE  
1130 11TH STREET APT. 2-B  
MIAMI BEACH FL 33139

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.

Signature of  
Registered Agent

*Signature*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/9/00

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/00

Daytime Phone #

CR2E040 (8/00)