

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 1:24

DOCUMENT # **S82926**

1. Corporation Name

AVALON REALTY, INC.

200004657762--1

-10/29/01--01080--004

***908.75 ***908.75



REINSTATEMENT

00101

Principal Place of Business

Mailing Address

3300 N UNIVERSITY DR
#309
CORAL SPRINGS FL 33065

3300 N UNIVERSITY DR
#309
CORAL SPRINGS FL 33065

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

9840 W Sample Rd.
Suite, Apt. #, etc.

9840 W Sample Rd.
Suite, Apt. #, etc.

Coral Springs
City & State

Coral Springs
City & State

33065
Zip Country
U.S.A.

33065
Zip Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1991

5. FEI Number

65-0294069

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	CRISSY, JAMES F.	1322 JACKSON STREET	HOLLYWOOD FL 33019
VS	CRISSY, ERICA S	1322 JACKSON STREET	HOLLYWOOD FL 33019

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRISSY, JAMES F.
1322 JACKSON STREET
HOLLYWOOD FL 33019

Name
JAMES F Crissy
Street Address (P.O. Box Number is Not Acceptable)
2830 NE 39th Ct.
Suite, Apt. #, Etc.
City
Lighthouse Point
State
FL
Zip Code
33064

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/22/01**

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

10/22/01
Date

954-755-2101
Daytime Phone #