

FEB-23-98 TUE 04:26 PM

MCGUIRE WOODS LLP

FAX NO. 8047862697

P. 02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

H99000004465

99 FEB 23 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V02769

1. Corporation Name

AY VENTURES, INC.

Principal Place of Business

5522 Oak Crossing Drive
Jacksonville, FL 32244

Mailing Address

P.O. Box 918
Orange Park, FL 32067

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

12/30/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3098209

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Phillip D. Yonge	5522 Oak Crossing Drive	Jacksonville, FL 32244
D	Emil S. Aramoonie	5522 Oak Crossing Drive	Jacksonville, FL 32244

8. Name and Address of Current Registered Agent

G. Alan Howard, Esq.
3400 Barnett Center
50 N. Laura Street
Jacksonville, FL 32202

9. Name and Address of New Registered Agent

Name: Phillip D. Yonge
Street Address (P.O. Box Number is Not Acceptable):
5522 Oak Crossing Drive
Suite, Apt. #, Etc.:
City: Jacksonville
State: FL Zip Code: 32244

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

Phillip D. Yonge

REGISTERED AGENT MUST SIGN

Date: 2/23/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.Yes ☐ No ☒(See other side for information
on intangible tax.)

12. 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:

Emil S. Aramoonie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Emil S. Aramoonie

2/23/99 904-2692020

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