

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

16 NOV 15 AM 9:19

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15000003798

1. Corporation Name

AVATAR CORPORATION DISC

2. Principal Office Address - No P.O. Box #
2424 N FEDERAL HIGHWAY

3. Mailing Office Address
500 CENTRAL AVE

Suite, Apt. #, etc.
SUITE 410

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
UNIVERSITY PARK, IL

Zip Country
33431 USA

Zip Country
60484 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
01/12/2015

5. FEI Number
47-2904037

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City State Zip Code
TALLAHASSEE FL 32301

700292373137
11/15/16--01031--022 **750.00

B. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Luigi Buffone*

Date 11/4/2016

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	MICHAEL L SHAMIE	500 CENTRAL AVE	UNIVERSITY PARK, IL 60484
President	Michael L. Shamie	500 CENTRAL AVE	UNIVERSITY PARK, IL 60484
Secretary	Matthew Galo	500 CENTRAL AVE	UNIVERSITY PARK, IL 60484
Treasurer	Luigi Buffone	500 CENTRAL AVE	UNIVERSITY PARK, IL 60484

REINSTATEMENT

Luigi Buffone

10. E-mail Address: LHICKS@AVATARCORP.COM (To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Luigi Buffone* Luigi Buffone 11.07.16 708.367-2206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOV 15 2015
WILLIAMS