Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
Fax: (503)378-4381
https://sos.oregon.gov/business/

Registry Number: 120741491

FILED: APR 15, 2021
OREGON SECRETARY OF STATE

120741491-22103576

AVOS INC **REIANA**

* Waive fee per case #688552

RE: AVOS INC

APPLICATION FOR REINSTATEMENT/REACTIVATION

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit ~~$300~~ $200 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 06/11/2020

The reason(s) for administrative dissolution has been eliminated or did not exist.

Execution:
I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

By : _____ Date : 3/31/21
(Authorized Signature)

Any fees submitted with this document are non refundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry
Corporation Division
(503) 986-2200

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REINSTATEMENT ANNUAL REPORT
Registry Number: 120741491
Date of Incorporation: 04/14/2016
Type: DOMESTIC BUSINESS CORPORATION

AVOS INC
5822 NE 109TH AVE
PORTLAND OR 97220

Name of Domestic Business Corporation
AVOS INC
Jurisdiction: OREGON

The following information is required by statute. Please complete the entire form.

Registered Agent
SURGE SOVA
5822 NE 109TH AVE
PORTLAND OR 97220

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

1) Type of Business

2) Principal Place of Business (Address,city,state,zip)
5822 NE 109TH AVE
PORTLAND OR 97220

3) Mailing Address (Address,city,state,zip)
5822 NE 109TH AVE
PORTLAND OR 97220

4) President (Name & Address)
SURGE SOVA
5822 NE 109TH AVE
PORTLAND OR 97220

5) Secretary (Name & Address)
NATALIE TROFIM
5822 NE 109TH AVE
PORTLAND OR 97220

Execution:
I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

6) Signature 

7) Printed Name Surge Sova

8) Date 3/3/21

9) Phone Number 360-624-8525

Make check payable to "Corporation Division" and mail to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

ANRPF1-
03/31/21