


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
 DIVISION OF CORPORATIONS

01 OCT 31 PM 4:27

DOCUMENT # P00000064758

1. Corporation Name
AW ROSSE & ASSOCIATES, INC.

Principal Place of Business 530 JEFFERSON DRIVE #113 DEERFIELD BEACH FL 33442	Mailing Address 530 JEFFERSON DRIVE #113 DEERFIELD BEACH FL 33442
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip
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4. Date Incorporated or Qualified To Do Business in Florida 06/30/2000
5. FEI Number 165-1022278
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	ROSSE, ANTHONY W	530 JEFFERSON DRIVE #113	DEERFIELD BEACH FL 33442
			500004696075--8 -11/28/01--01012--004 ***750.00 ***750.00
			<i>[Handwritten Signature]</i>

8. Name and Address of Current Registered Agent

ROSSE, ANTHONY W
 530 JEFFERSON DRIVE #113
 DEERFIELD BEACH FL 33442

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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** Date 10-24-01
 REGISTERED AGENT MUST SIGN

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** **SIGNATURE REQUIRED**
 Date 10-24-01 Daytime Phone # 954-571-0232

CR2E040 (8/01)