


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 AUG 13 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000017432

1. Corporation Name
AW Restorations, Inc.

2. Principal Office Address - No P.O. Box #
569 Peck Ave

3. Mailing Office Address
569 Peck Ave

Suite, Apt. #, etc.

City & State
Fort Myers FL

City & State
Fort Myers FL

Zip
33919 Country
US

Zip
33919 Country
US

4. Date Incorporated or Qualified To Do Business in Florida
02/12/2002

5. FEI Number
80-0036984

Applied For
 Not Applicable

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

CR2E081 (1/07)

7. Name and Address of Current Registered Agent

Name
SOUTHWEST PROFESSIONAL SERVICES OF S FL INC

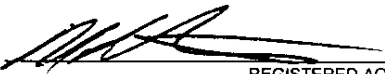
Street Address (P.O. Box Number is Not Acceptable)
13571 MCGREGOR BLVD #22

Suite, Apt. #, Etc.

City
FORT MYERS State
FL Zip Code
33919

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. 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  Date **8/3/07**

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
PD	Weber, Andreas	569 Peck Ave.	FORT MYERS FL 33919

REINSTATEMENT 08-07

RH

10. 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 contained in Chapter 119, 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: Andreas Weber PRES Date 8-3-07 Daytime Phone # 239-218-7599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR