

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV -1 PH 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 618672

1. Corporation Name

A & W ENGINEERING CORP.

Principal Place of Business

Mailing Address

~~18305 DISCAYNE BLVD. STE 302~~  
~~18305 DISCAYNE BLVD~~  
~~MIAMI FL 33160~~  
US

C/O ROSS, CUSANO & CO'S CPA'S  
18305 DISCAYNE BLVD. #302  
MIAMI FL 33160  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

2060 TIGERTAIL BLVD

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA, FL

City & State

Zip

33004

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/18/1979

5. FEI Number

58-1904224

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
PD	YANOFKY, ROBERT	4550 CASPER COURT	HOLLYWOOD FL
			200001997482--1
			-11/06/96-01036-001
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

YANOFKY, ROBERT  
4550 CASPER COURT  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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  
REGISTERED AGENT MUST SIGN

Date

10/25/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROBERT YANOFKY

Date

10/25/96

Daytime Phone #