

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 1:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 87



100024089941

10/24/03-01046--011 **750.00

DOCUMENT # F00000006192

1. Corporation Name

AWARE ENVIRONMENTAL INC.

Principal Place of Business

Mailing Address

9305 MONROE RD., SUITE J
CHARLOTTE NC 28270

9305 MONROE RD., SUITE J
CHARLOTTE NC 28270

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

56-1694820

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
DPS	FISA, EDWARD C JR.	9305 MONROE RD., SUITE J	CHARLOTTE NC 28270
DT	SMITH, MICHAEL O	9305 MONROE RD., SUITE J	CHARLOTTE NC 28270
DV	STEIN, ROBERT M	9305 MONROE RD., SUITE J	CHARLOTTE NC 28270

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of
Registered Agent

JOAN BOLDEN

REGISTERED AGENT ASSISTANT SECRETARY

Date

10/20/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03 704-845-1677

Date

Daytime Phone #

CR2040 (7/03)