

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F39380**

1. Corporation Name

AWECO CORPORATION

Principal Place of Business

Mailing Address

1000 HOLLAND DRIVE
#3
BOCA RATON FL 33487
US

1000 HOLLAND DR.
BOCA RATON FL 33487

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1981

5. FEI Number

59-2123260

Applied For

Not Applicable

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
TD	WARD, BARBARA	1000 HOLLAND DRIVE	BOCA RATON FL
PD	WARD, STEVEN M	1000 HOLLAND DRIVE	BOCA RATON FL
			800004689988--8 -11/20/01--01076--016 ****150.00 ****150.00
			800004689988--8 -11/20/01--01076--017 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WARD, STEVEN M
333 NE 20TH AVE
SUITE 203
DEERFIELD BEACH FL 33441

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

STEVEN M WARD
REGISTERED AGENT MUST SIGN

Date 10-29-01

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:

STEVEN M WARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-01

Date

561-994-2244

Daytime Phone #

CR2E040 (8/01)

AWECO CORPORATION

Commercial Electrical Contractors

2012

1000 Holland Drive
Suite #3
Boca Raton, Florida 33487
561-994-2274
Fax 561-998-4330

October 29, 2001

Florida Department of State
Division of Corporations
Tallahassee, FL 32399

To Whom It May Concern:

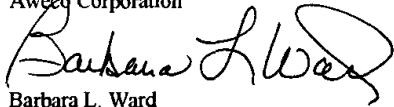
Please be advised I just received the enclosed application for reinstatement. I have been out of town due to illness of my mother for several months and subsequently her passing. I have not received prior notice on our account. I have filed this report for many years, and must admit I should have had this marked in my calendar, however due to circumstances it was not. Would you kindly reinstate our account immediately, I did call first thing this morning upon opening this mail, and was advised to send \$150.00 and this letter. If this is not correct, could someone please call me immediately so I can get this taken care of.

Enclosed also is check in the amount of \$8.75 for certificate of status.

Thanking you in advance for your cooperation.

Yours truly,

Aweco Corporation



Barbara L. Ward
Treasurer