FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F97000003338

1. Corporation Name

Foreign Profit Corporation
WARREN ENTERPRISES INC.
Cross Reference Name
A & W MAINTENANCE, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
137 Pine Street	P.O. Box 1206
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Middleboro MA	City & State: Carver, MA
Zip: 02346 Country: USA	Zip: 02330 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/26/1997

5. FEI Number: 04-2845130 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S Pine Island Road
Suite, Apt. #, etc.:
City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Danijela Byers, Asst. Secretary Date: 04/30/2014
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
Pres	Danny R. Warren	18 Church Street	So. Carver, MA 02366

10. E-mail Address: Jane@warrenenviro.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Danny R. Warren (& Danny R Warren) 4/9/2014 508-947-8539
SIGNATURE AND TITLE OF PERSON AUTHORIZED TO SIGN ON BEHALF OF OFFICER OR DIRECTOR — Date — Daytime Phone #

FL810 - 05/17/2013 Wolters Kluwer OnBase

APR 30 2014

M. WILLIAMS

Division of Corporations

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT
WARREN ENTERPRISES INC.

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