

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

98 DEC 22 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H97241

1. Corporation Name

AWG BILLINGS, INC.

Principal Place of Business

Mailing Address

24671 U S HWY 19 N
SUITE 460
CLEARWATER FL 34623
US

P.O. BOX 6489
CLEARWATER FL 34616-6489
US

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 33763

Country

Zip 33758

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1986

5. FEI Number

59-2637981

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GROTTICELLI, ANGELO W.	13820 - 87TH AVE., N.	SEMINOLE FL
STD	GROTTICELLI, SABER L.	13820 - 87TH AVE., N.	SEMINOLE FL
			500002725025--2 -12/29/98--01045--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GROTTICELLI, SABER
13820 - 87TH AVENUE, NORTH
SEMINOLE FL 34646

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

Saber Grotticelli
REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-01-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Saber Grotticelli
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SABER GROTTICELLI

11-01-98
Date

813-796-3428
Daytime Phone #

CR2E040 (9/98)