


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000015300		
1. Entity Name A & W ENTERPRISES, LLC		

FILED
05 APR 14 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2015 S ORANGE BALSAN TRAIL ORLANDO, FL 33805	Mailing Address 2015 S ORANGE BALSAN TRAIL ORLANDO, FL 33805
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2. Principal Place of Business 2015 S. ORT		3. Mailing Address	
Suite, Apt. #, etc. Orlando		Suite, Apt. #, etc.	
City & State FLA		City & State	
Zip 32805	Country USA	Zip	Country

04112005 REIN-LLC CR2E101 (6/04)

4. FEI Number 90-0073271		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent AFFOURY, GOMANAH H 2015 S ORANGE BALSAN TRAIL ORLANDO, FL 33805		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Affoury Gomanah H Paul H 4/10/05
Signature, typed or printed name of registered agent and used if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AFFOURY, GOMANAH H 2015 S ORANGE BALASAN TRAIL ORLANDO, FL 33805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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05/12/05--01006--021 **205.00

REINSTATEMENT 2004-05

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Affoury Gomanah H Paul H 4/10/05 407 8414189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #