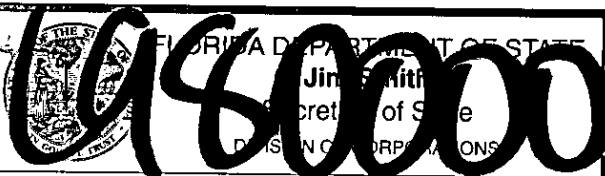


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



03 JAN -2 PM 6:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L98000000606

Name and Mailing Address

0001807 01 FP 0.352 **PRSR T6 0 0615 33129-150180



AWARE CHEMICALS, L.L.C.

80 SW 17TH ROAD

MIAMI FL 33129-1501

MJH



1/2 2002

CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 80 SW 17TH ROAD MIAMI FL 33129		3. Date Organized or Qualified To Do Business in Florida 05/13/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0824278	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent FERNANDEZ, MONICA C P.A. 80 SW 17TH ROAD MIAMI FL 33129		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent Monica C. Fernandez CPA Date 12/30/02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BOHNES, DIRK	1041 HARBOR COURT	HOLLYWOOD FL 33019-5028
MGR	MANDERSCHIED, KARL	50835 COLOGNE	GERMANY

9000009788269
01/02/03--01069--002 **150.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Dirk Bohnes Date 12/30/02 Daytime Phone # 305-285-2073

Typed or printed name of signing Managing Member/Manager