

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **L99000003246**

1. Limited Liability Company's Name

AWAB, LLC.

2. Principal Office Address

1172 South Dixie Hwy
Suite, Apt. #, etc.
450

City & State
CORAL GABLES

Zip
33146

Country
FL

3. Mailing Office Address

1172 South Dixie Hwy
Suite, Apt. #, etc.
450

City & State
Coral Gables

Zip
33146

Country
FL

REINSTATEMENT 2000

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
ANGELIKA ULRICH

Street Address (P.O. Box Number is Not Acceptable)
1172 SOUTH DIXIE HWY
Suite, Apt. #, Etc.
450

City
CORAL GABLES

400003473564-3
-11/21/00-01119-004
******150.00 ****150.00**

State
FL

Zip Code
33146

9. 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

[Signature]
REGISTERED AGENT MUST SIGN

Date **18-10-00**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Peter Kaiser	1172 South Dixie Hwy#450	Coral Gables, FL 33146
	Angelika Ulrich	1172 South Dixie Hwy#450	Coral Gables, FL 33146

11. 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

[Signature]

Date **10.16.00**

Daytime Phone # **305-7931001**

Typed or printed name of signing Managing Member/Manager

ANGELIKA ULRICH

or **305-7908202**

CR3E041 (9/00)