

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 L99000003246  
 FLORIDA DEPARTMENT OF REVENUE  
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

800023960778  
 10/21/03--01020--021 \*\*200.00



1. DOCUMENT # L99000003246

Name and Mailing Address

0002286 01 FP 0.352 \*\*PRSRT T7 0 0615 33146-291872



A W A B, L.L.C.

1172 SOUTH DIXIE HWY.

#450

CORAL GABLES FL 33146-2918

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/03/1999	
Principal Place of Business 1172 SOUTH DIXIE HWY. #450 CORAL GABLES FL 33146	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0927033	Applied For Not Applicable
8. Name and Address of Current Registered Agent ANGELINA ULRICH 1172 SOUTH DIXIE HWY. #450 CORAL GABLES FL 33146		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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 ANGELINA ULRICH Date \_\_\_\_\_

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	KAISER, PETER	1172 SOUTH DIXIE HWY.	CORAL GABLES FL 33146
MGR	ULRICH, ANGELIKA	1172 SOUTH DIXIE HWY.	CORAL GABLES FL 33146

REINSTATEMENT 0303  
 dec

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 ANGELIKA ULRICH Date 10/15/03 Daytime Phone # 305-7908202

Typed or printed name of signing Managing Member/Manager ANGELIKA ULRICH

CR2E084 (8/02)