

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -5 PM 1:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M 96 0000 00 317**

1. Limited Liability Company's Name

AWPC, LLC

500008804895
11/05/02--01039--019 **155.00

MJM

2. Principal Office Address

1899 Malden Road

Suite, Apt. #, etc.

City & State

Syracuse N.Y.

Zip

13211

Country

USA

3. Mailing Office Address

1899 Malden Road

Suite, Apt. #, etc.

City & State

Syracuse N.Y.

Zip

13211

Country

USA

4. State/Country of Formation

N.Y.

5. Date Organized or Qualified
To Do Business in Florida

8-26-1996

6. FEI Number

161506974

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

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

James A. Bordonaro
Assistant Secretary
REGISTERED AGENT MUST SIGN

Date

10/31/02

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
MGRM	J. Patrick Barrett	4605 Watergap	Maulius NY. 13104
MGRM	Michael J. Stiles	2866 NE 29 Street	Fort Lauderdale FL 33306

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

Michael J. Stiles

Date **10-30-02**

Daytime Phone #

954 295 3334

Typed or printed name of signing Managing Member/Manager

Michael J. Stiles