

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 FEB -7 AM 9:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N96000000497**

1. Corporation Name

A&W-1 CORPORATION, INC.

Principal Place of Business

Mailing Address

8764 SW 177 TERR
MIAMI FL 33157
US

P.O. BOX 972411
MIAMI FL 33197
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1996

5. FEI Number

65-0641427

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RICE, RANDOLPH	8764 SW 177TH TERRACE	MIAMI FL
V	DENNARD, LARRY D	200 SW 11TH AVE	SOUTHBAY FL 33413
ST	JOHNSON, HELEN	8764 SW 177TH TERRACE	MIAMI FL
D	JOHNSON, HELEN	8764 S.W 177 TERR	MIAMI FL
D	DENNARD, LARRY D	200 SW 11TH AVE	SOUTHBAY FL 33413
7000003746237-4 -02/21/01--01102--022 *****61.25 *****61.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, HELEN J
8764 SW 177TH TERRACE
MIAMI FL 33170

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Helen J. Johnson
REGISTERED AGENT MUST SIGN

Date

1/9/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randolph Rice Randolph Rice 1/9/01 305 302-3571
Date Daytime Phone #

KE

CR2E040 (8/00)