UBR 0210 03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN -8 AM 9:13

DOCUMENT # P-00000013660

1. Corporation Name
HUAW INC.

2. Principal Office Address	3. Mailing Office Address
12080 Scenic Hwy	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola FL.	City & State: FL
Zip: 32514 Country: ESCAMBIA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 2/8/2000

5. FEI Number: 59-3624283 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 (additional copies)

7. Name and Address of Current Registered Agent

Name: Leroy A Mickey
Street Address (P.O. Box Number is Not Acceptable): 3631 Baisden St.
Suite, Apt. #, Etc.:
City: Pensacola State: FL Zip Code: 325[illegible]03

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 1-06-03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Leroy A. Mickey	3631 BAISDEN ST	Pensacola FL 325[illegible]03

300009942663
01/08/03--01021--001 **300.00

10. 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] Leroy A. Mickey, Pres. 1-06-03 850 439-6027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (10/02)

Department of Corporations:

We are sorry that we did not recieve the report, due to an incorrect address on file and requesting that they waive the reinstatement fee. We would greatly appreciate it and also if you would please change our mailing address to: 12080 Scenic Hwy, Pensacola, FL 32514

Thank you.

HUAW. Inc.
D# P00000013660

01-06-003