

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN -8 AM 9:13

CORPORATION
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P-00000013660

1. Corporation Name

HUAW INC.

2. Principal Office Address

12080 SCENIC HWY

Suite, Apt. #, etc.

3. Mailing Office Address

SANT.

Suite, Apt. #, etc.

City & State

PENSACOLA FL.

City & State

FL.

Zip

32514

Country

ESAMOA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/8/2000

5. FEI Number

59-36242F3

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐SEE 75 with list of corporations
for which this form is filed.

7. Name and Address of Current Registered Agent

Name

Leroy A Micky

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

3631 BAISEDA ST.

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32514

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. Micky	3631 BAISEDA ST	PENSACOLA FL 32514

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01/08/03--01021--001 ***000.00

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)(f), 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. Micky, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-06-03

Daytime Phone #

850

439-6027

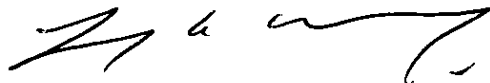
CORP-041 (10/92)

Department of Corporations:

We are sorry that we did not receive 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

HUAW. INC.
D # 000000013660

Thank you.



01-06-003