2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000092095

1. Entity Name
AWR INVESTMENT COMPANY

FILED
08 AUG 11 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
190 SHELTER LANE JUPITER, FL 33469	190 SHELTER LANE JUPITER, FL 33469

REINSTATEMENT 07-08
B3272008 BEIN-P CR2E098 (1707)
WOP

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
135 Point Circle	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tequesta, FL	City & State
Zip: 33469 Country	Zip Country

4. FEI Number: 59-3678904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSO, ANDREW W
190 SHELTER LANE
JUPITER, FL 33469

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

700134333817
08/11/08--01057--003 **300.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSO, ANDREW W 190 SHELTER LANE JUPITER, FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 8/8/08 561 371-0933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #