

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000029799

**1. Corporation Name**

Awtelecom, INC

**2. Principal Office Address**

540 N. Lapeer Rd

Suite, Apt. #, etc.

Suite 233

City & State

Orion Twp, MI

Zip

48362

Country

USA

**3. Mailing Office Address**

540 N. Lapeer Rd

Suite, Apt. #, etc.

Suite 233

City & State

Orion Twp

Zip

48362

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3-22-04

**5. FEI Number**

58-2606551

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

NRA I Services, INC

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

2731 Executive Park Drive, Suite 4

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33331

**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

Date

REGISTERED AGENT MUST SIGN

**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	Barry Williams	540 N. Lapeer Rd	Orion Twp, MI 48362

**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:

Barry Williams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-05  
Date

248 935-6161  
Daytime Phone #

CR2E031 (01/05)