

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 19 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036381

1. Corporation Name

AWS HOLDINGS, CORPORATION

2. Principal Office Address

3001 PONCE DE LEON

Suite, Apt. #, etc.

SUITE 203

City & State

CORAL GABLES FL

Zip

33134

Country

U.S.A

3. Mailing Office Address

3001 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 203

City & State

CORAL GABLES FL

Zip

33134

Country

U.S.A

**REINSTATEMENT** 02-03

4. Date Incorporated or Qualified To Do Business in Florida

3/28/2001

5. FEI Number

03-0384609

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

OSWALDO JUGO S.

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

7855 N.W. 12 STREET

Suite, Apt. #, Etc.

SUITE 212

City

MIAMI

State

FL

Zip Code

33126

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

5/9/03

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
<u>PRES</u>	<u>OSWALDO JUGO R.</u>	<u>7855 N.W. 12 ST #212 MIAMI 1</u>	<u>MIAMI FL 33126</u>
<u>VP</u>	<u>ORLANDO SALDIVIA</u>	<u>3001 PONCE DE LEON BLVD #203</u>	<u>CORAL GABLES FL 33134</u>
<u>DIR</u>	<u>OSWALDO JUGO S.</u>	<u>7855 N.W. 12 ST #212</u>	<u>MIAMI, FL 33126</u>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

Date

5/8/03 305-591-5916

Daytime Phone #

OSWALDO JUGO R.

5/23

CR2E081 (10/02)