

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 10 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1010000346423

**1. Corporation Name**

MAWI INTERNATIONAL CORPORATION

**2. Principal Office Address**

2606 Boggy Creek Rd  
Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip Country

34744 Oceola

**3. Mailing Office Address**

2606 Boggy Creek Rd  
Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip Country

34744 Oceola

500013727425

03/10/03--01054--014 \*\*300.00

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

**5. FEI Number**

65-1109979

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

William Valerio

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

2606 Boggy Creek Rd

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

**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 3-5-03

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
PT	William Valerio	2606 Boggy Creek Rd	Kissimmee FL 34744
VP	Mario A de Valerio	2606 Boggy Creek Rd	Kissimmee FL 34744

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-03

Date

407-348-4159

Daytime Phone #

CR2E081 (10/02)

March 6, 2003

---

Department of State  
Division of Corporations  
409 East Gaines ST.  
Tallahassee, FL 32399

Dear Sirs,

Through this letter I submit to you the form "**Corporation Reinstatement**" from **MAWI INTERNATIONAL, Inc.** Document No. **P01000054642** filed on **06-01-01**. Also I like to ask for the waiver of the penalty for Non-File on Time, because the renewal form was sender to the old mailing list address on Miami, now I have a new address. Please consider this circumstantial as a excuse, I promise won't happened again.

Enclose three hundred dollars,(\$300.00) for corporation fees on 2002 and 2003, and eight dollars and 75/100 cents (\$8.75) for certification status of this corporation, after the Reinstatement Recorded. Thank for your attention to this important matter.

---

Sincerely Yours



William Valerio  
President