

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000079170

1. Corporation Name

American Wire Group, Inc.

2. Principal Office Address

1920 E. Hallandale Bch Blvd

3. Mailing Office Address

1920 E. Hallandale Bch Blvd

Suite, Apt. #, etc.

Suite 638

Suite, Apt. #, etc.

Suite 638

City & State

Hallandale, FL

City & State

Hallandale, FL

Zip

33009

Country

33009

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

08/10/2001

5. FEI Number

65-1129415

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

Glazer Eric M

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

1920 E. Hallandale Bch Blvd

Suite, Apt. #, Etc.

Suite #638

City

Hallandale

State

Zip Code

FL

33009

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

Robert Dorkman
REGISTERED AGENT MUST SIGN

Date 10/22/03

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
D	Dorkman, Robert N	1920 E Hallandale Bch Blvd #638	Hallandale, FL 33009

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11/04/03-01014-005 ##B01.10

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:

Robert Dorkman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03 954-455-3250
Date Daytime Phone #

21 10/20

CR2E081 (10/02)