PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 18 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120230

1. Corporation Name

BWS HOLDING COMPANY

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
14532 SW 129th St.	7242 SW 42nd Terrace
Suite, Apt. #, etc.: Suite 9-2	Suite, Apt. #, etc.:
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33186 Country: USA	Zip: 33155 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/20/01

5. FEI Number: 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: Noah Otalvaro

Street Address (P.O. Box Number is Not Acceptable): 7242 SW 42nd Terrace

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33155

500008704725
10/30/02--01108--005 **750.00

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: X _____ Date: 10/17/02

Noah Otalvaro, REGISTERED AGENT MUST SIGN

CR2E016 (9/01)

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/P	Otalvaro, Noah	7242 SW 42nd Terrace	Miami, FL 33155
D/S	Otalvaro, Francisco	7242 SW 42nd Terrace	Miami, FL 33155

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: X _____ 10/17/02 305 266-3517

Noah Otalvaro, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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