

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 20 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Aware Capital Consultants inc.

PO200133939

2. Principal Office Address

20533 Biscayne Blvd

3. Mailing Office Address

67 Wall Street

Suite, Apt. #, etc.

Suite 4-353

Suite, Apt. #, etc.

Suite 2211

City & State

Aventura Florida

City & State

New York New York

Zip

33180

Country

US

Zip

10005

Country

US

REINSTATEMENT
CR2E081 (8/05)

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/02

5. FEI Number

020663094

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

David Lefkowitz

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

20533 Biscayne Blvd

Suite, Apt. #, Etc.

Suite 4353

City

Aventura

State

FL

Zip Code

33180

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

David Lefkowitz

Date 33180

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
P	DAVID Lefkowitz	20533 Biscayne Blvd	Aventura FL 33180

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10/20/05--01058--023 **1058.75

10/10/05

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:

David Lefkowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/05

Date

917-663-5458

Daytime Phone #