

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 29 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000134129
1. Corporation Name ACW SYSTEM INC.

2. Principal Office Address
555 SR 436
Suite, Apt. #, etc. SUITE 1001
City & State FERN PARK, FL
Zip _____ Country USA

3. Mailing Office Address
Suite, Apt. #, etc. _____
City & State _____
Zip _____ Country _____

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida 12/24/2002

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 CINDY MAHER

Street Address (P.O. Box Number is Not Acceptable) 480 EAGLE CIRCLE 300024247188
10/29/03--01016--005 **150 00

Suite, Apt. #, Etc. _____

City CASSELBERRY State FL Zip Code 32707

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 _____
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
DP	JIM MAHER	555 SR 436 SUITE 1001	FERN PARK, FL 32730
DS	JOEL MAHER	555 SR 436 SUITE 1001	FERN PARK, FL 32730

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: Cindy Maher Date 10-23-03 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

ACW SYSTEM, INC.
555 STATE ROAD 436 #1001
CASSELBERRY, FL 32730

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 7, 2003

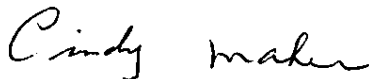
Dear Sir/Madam;

Re: ACW System, Inc.
Document # P02000134129

This is to request a waiver of penalty associated with the filing of the 2003 Uniform Business Report as we do not have records of receiving the report. Please accept the enclosed check of \$150.00 to cover the 2003 report fee.

Thank you for your attention and assistance in this matter.

Yours truly,



Cindy Maher
President