2005 FOR PROFIT CORPORATION REINSTATEMENT

	1/6/11/0/17		•							
DOCU	MENT # P03000157						FIL	ED		
LAWSFLAWS, INC.								05		## 10: 13
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Principal Place of Business Mailing Address								- <u>- 2550</u> .	1-1	ALLAND.
1590 SOUTH	COUR	ī				1 1 1 1				
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2. Principal P	1	- /-								
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City & State	ATE	MARCATE FL				4. FEI Numbe	0184	916	<u> </u>	oplied For ot Applicable
330	Country	2 ^{Zip} 2 2	Country			5. Certificate	of Status Desi	ired 🔲	\$8.75 Add	
<u> ၁<i>၁</i>၀</u>		33063 I		USP					Fee Require	d
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
LAWS, AN	DREW		-							
1590 SOUTHWEST 23RD COURT					ddress (P.	.O. Box Numbi	er is Not Acce	ptable)		
SUITE 1 FORT LAUDERDALE, FL 33315										
	A		ŀ	City				F	Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its re	aistere	d office or	registere	d agent, or bot	th, in the State		_	and accept
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations purediscred agent.										
SIGNATURE WILL YOUR OCK SON TOOS										
GIOI WATON IE E	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	Registere	d Agent signs	ture required	when reinstating)		DATE		
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	.E NOW!!! FEE IS \$150.00 nuary 1, 2006, Fee will be \$300.00	•						nce with s. 60 n did not rece		
10.	OFFICERS AND D	DIRECTORS	11.			ADDITIONS/	CHANGES TO	OFFICERS AT	ID DIRECTOR	S IN 11
TITLE			TITLE		P)	☐ Change	Addition
NAME	LAWS, ANDREW			1	LAW		rew	•		
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CITY-ST-ZIP			1	ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliermental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or fuster ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an aduless, with all other like empowered.										
(11N0) (011) ad 567 20 (08/2 77/202)										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylors Phone 4										

October 3, 2005

Florida Dept. of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Lawsflaws, Inc. 92-0184916

To Whom It May Concern:

Enclosed please find the annual report for the corporation referenced above. Also enclosed is a check payable to Florida Department of State in the amount of \$150.00.

I am requesting that you accept the late filed annual report and my payment for \$150, and request that you abate the \$400.00 late fee. This is the first year I was required to file this, and never received it in the mail. I moved, and was unaware that this was due.

Please accept my application and check for \$150, as this is the first full filing year for the corporation.

Thank you for your assistance.

Andrew Laws

Enclosures: Form and Check