

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000166222	
1. Entity Name AWARENESS COMMUNICATIONS INC.	



FILED

2007 DEC 19 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5632 BEE RIDGE RD. SUITE 200 SARASOTA, FL 34233	Mailing Address 6891 CURTISS AVE. SUITE 4 SARASOTA, FL 34231
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 5632 Bee Ridge Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 200
City & State	City & State Sarasota, FL
Zip	Country 34233 USA

REINSTATEMENT 1242007 REIN-P CR2E098 (1/07)

4. FEI Number 02-0762868	Applied For, Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MESZAROS, MARTA PSDT 7049 WHITEMARSH CIRCLE BRADENTON, FL 34202	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 of registered agent.

SIGNATURE Marta Meszaros, Pres. 12/14/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT MESZAROS, MARTA 6891 CURTISS AVE., SUITE 4 SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000113266420 12/19/07--01009--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trustee empowered 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 address, with all other like empowered.

SIGNATURE: Marta Meszaros, Pres. 12/14/07 941-341-9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #