PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAR 26 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 39247

1. Corporation Name

BWA MANAGEMENT LIMITED, INCORPORATED

2. Principal Office Address	3. Mailing Office Address
8625 PISA DR	8625 PISA DR
Suite, Apt. #, etc. # 1124	Suite, Apt. #, etc. # 1124
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32810 Country USA	Zip 32810 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59326 1325 ☐ 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: STEWART H SPENCE

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04/03/01--01066--010
***1658.75 ***1658.75

Street Address (P.O. Box Number is Not Acceptable): 8625 PISA DR

Suite, Apt. #, Etc.: # 1124

REINSTATEMENT 03-01

City: ORLANDO State: FL Zip Code: 32810

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: [signature] REGISTERED AGENT MUST SIGN Date: 3/22/01

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
PS	Doug Tufts	Parliament & Church ST	Hamilton, Bermuda
V	Bill Manuel	Parliament & Church ST	Hamilton, Bermuda
D	Stewart Spence	8625 Pisa Dr # 1124, Orlando	Orlando FL 32810

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01 Date

407-9474421 Daytime Phone #