

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	--

DOCUMENT # P95000021270

1. Corporation Name

M.A.W. ENTERPRISES, INC.

Principal Place of Business 2229 BUTLER BAY DR N WINTERMERE FL 34786 US	Mailing Address 2229 BUTLER BAY DR N WINTERMERE FL 34786 US
If above addresses are incorrect in any way, line through incorrect information and enter correction below	
2. New Principal Office Address, If Applicable Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.
City & State	City & State
Zip	Country

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3. (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	WARD, MARY ANNE	2229 BUTLER BAY DR N	WINTERMERE FL
VP	WARD, HUGH W	2229 BUTLER BAY DR N	WINTERMERE FL

8. Name and Address of Current Registered Agent WARD, MARY ANNE 2229 BUTLER BAY DR N WINTERMERE FL 34786	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
---	--

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Mary Anne Ward*

REGISTERED AGENT MUST SIGN

Date

*1/26/99*

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes  No

(See other side for information  
on intangible tax.)

12. 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: *Mary Anne Ward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*MARY ANNE WARD*

*1/26/99 407-816-0831*  
Date Daytime Phone #