PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FORM.
APPLICATION	FLORIDA DEPARTMENT OF STATE		
FOR	Sandra BaMor		APPROVEC
REINSTATEMENT	Secretary of S	i	AND
DOCUMENT # P950000.		TATION O	. MLED
1. Corporation Name		00 AUG 10 PM 12: 32	
AWAD INC		Se 400 10 11112. 32	
		.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address		TALLAHANSEE, FLOHIDA	
3455 NW 19TH ST	AND ENAME LAKES FL. NO. LANDERDALE, FL. 33068		. ~
LANDRIMB LAKES, Fl. NO. LANDRIDALE, FL. 33468		REINSTATEMENT 97-00	
		nendial diameter distribution	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Malling Office Address, If Applicable		Date incorporated or Qualified	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida 5 26 -85
City & State	- City & State		5. FEI Number Applied For Not Applicable
			6. S8.75 Additional Fee required
ZipCountry	Zip Country	<u>,</u>	CERTIFICATE OF STATUS DESIRED
7. Names and Street Addresses of Each Officer and/		itions must list at least	
Title(s) 2 and/or Directors Officer and/or Director City / State / Zip 3 (Do NOT Use Post Office Box Numbers) 4			
PD AWADALLAH, GLORIA 16 ANN LEE LANE TAMARAL, FL. 3332.			
Vif AWADALIAH Hilmi, 1405 Sw 83 Ave N. Land Fle 332			e N land 1-le 33068
			3000033683837
	;		-08/23/0001028006 ***1200.00 ***1200_00
			1.200,00
			NO
	<u> </u>		
<u>`</u>			
Name and Address of Current Registered Agent			9. Name and Address of New Registered Agen.
WALTERS RONALD		Name IImi	O. Box Number is Not Acceptable)
WALTERS RONALD Super Address S415 W MCNRB LOND 140.		Suggt Address (P.	O. Box Number is Not Acceptable)
TAMARAC PL. 33321			
City		City AJ. 1	uderale State Zip Code State Zip Code 33068
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the paligations of Section 607 0505, I.S.			
Signature of Registered Agent	rdelle H	for fler	edelle Date 8/2/99
RE	GISTERED AGENT MUST SIGN		
11. This corporation owés 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 filling			
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 it made under oath.			
3 Sporie Character 1/1/99 735-6000 1264343)			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #			