

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 12 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000042873**

1. Corporation Name

AWAD, INC

2. Principal Office Address

**6761 W Sunrise Blvd
Plantation, Fla
Suite, Apt. #, etc. # 5**

City & State

Plantation, Fla

Zip

33313

Country

USA

3. Mailing Office Address

**1405 SW 83 Ave
N. Lauderdale, Fla 33068**

City & State

N. Lauderdale, FLA

Zip

33068

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

may -26- 1995

5. FEI Number

65-0590225

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

Hilmi AWADALLAH

800005491258--1

Street Address (P.O. Box Number is Not Acceptable)

1405 SW 83 Ave

-05/08/02--01021--017

******308.75 ****308.75**

Suite, Apt. #, Etc.

City

N. Lauderdale

State

FL

Zip Code

33068

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

Hilmi Awadallah

REGISTERED AGENT MUST SIGN

Date

4-9-02

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
PD	Gloria AWADALLAH	16 Ann Lee Ln	TAMARAC, Fla 33321
V.P	Hilmi AWADALLAH	1405 SW 83 Ave	N. Lauderdale Fla 33068

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.

954-829-5111

SIGNATURE:

Hilmi AWADALLAH

Hilmi Awadallah

4-9-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (9/01)

282

April 9, 2002

Hilmi Awadallah
1405 S. W. 83 Avenue
North Lauderdale, FL 33068
(954) 724-9053 Home
(954) 829-5111 (954) 709-5111 Business

To: Reinstatement Division
Reference: Awad Inc.

To Whom It May Concern:

This letter is to inform you that I, (Hilmi Awadallah) did not receive the annual renewal form from the corporation above; for the second time. I am asking you to consider waving the late changes. Also, last year, I had to provide \$1,050, for reinstatement. I ask of you to please send me a "Certificate of Status". Enclosed is a check for, \$308.75. Thank you.

Sincerely,

Hilmi Awadallah