PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15.7 Sajint Curcice Street Sure Address (P.O. Box Number is Not Acceptable) 15.7 Sajint Curcice Street Sure Address (P.O. Box Number is Not Acceptable) 15.7 Sajint Curcice Street State 15. State	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations		FILED 11 MAR 23 AN 9: 25	
329 Smokey Sky De. 329 Smokey Sky Dr. 4. Oate Incorporated or Qualified To De Business in Florida To	DOCUMENT # P96000091884 1. Corporation Name A.W. Software Services, INC.				
Suito, Apt. 4, etc. City Lake Placid, FL Suito, Apt. 4, etc. Suito, Apt. 4, etc. City Lake Placid, FL Suito, Apt. 4, etc. Suito, Apt. 4, etc. City Lake Placid, FL Suito, Apt. 4, etc. Suito, Apt. 4, etc. City Lake Placid, FL Suito, Apt. 4, etc. Suito, Apt. 4, etc. City Lake Placid, FL Suito, Apt. 4, etc. Suito, Apt. 4, etc. City Lake Placid, FL Suito, Apt. 4, etc. Suito, Apt. 4, etc. City Lake Placid, FL Suito, Apt. 4, etc. Suito, Apt. 4, etc. City Lake Placid, FL Suito, Apt. 4, etc. Suito, Apt. 4, etc. City Lake Placid, FL Suito, Apt. 4, etc. City Lake Placid, FL Suito, Apt. 4, etc. City Lake Placid, FL Suito, Apt. 4, etc. Certificate of Status Desired Certificate of Status Desired Certificate of Status Desired Suito, Apt. 4, etc. Certificate of Status Desired Certificate of Status Desired Suito, Apt. 4, etc. Suito, Apt. 4, etc. Certificate of Status Desired Suito, Apt. 4, etc. Certificate of Status Desired Suito, Apt. 4, etc. Suito, Apt. 4, etc. Certificate of Status Desired Suito, Apt. 4, etc. Suito, Apt. 4, etc. Certificate of Status Desired Suito, Apt. 4, etc. Suito, Apt. 4, etc. Certificate of St			4 03/2		
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Name Steven Humante Street Address (P.O. Box Number is Not Acceptable) 15 7 Saint Lucie Street State Zip Code FL 338552 8. 1, being appointed the registered Agent and above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Director Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Director Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director Street Agent Address of Each Officer and/or Director (Florida nonprofit corporations have applications) Name of Officers and/or Director (Florida nonprofit corporations have applications) REFINISTATEMENT OF Street Agent Address of Each Officer and/or Director (Florida nonprofit corporations have been paid.) (Lord Agent Ag			6. CERTIFICAT	S8.75 Additional Fee required for a Certificate of Status	
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8. I, being appointed the register of agent and above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director City / State / Zip Adam Weiner Directors Officer and/or Director Styles Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Must Style Dr. REFINSTATEMENT OF Registered Agent Registered Addresses of Each Officer and/or Director City / State / Zip Titles Officers and/or Director Styles Registered Addresses of Each Officer and/or Director Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Addresses of Each Officer and/or Director Registered Addresses of Each Officer and/or Director Registered Agent Registered	Steven Humonte Street Address (P.O. Box Number is Not Acceptable) 157. Saint Lucie Stneet				
Signature of Registered Agent REGISTERED AGENT MUST SIGN 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 Officer and/or Director City / State / Zip Hendenson, NV 89052 10. E-mail Address: Adamu5609 mail. Com Repert: a damu560 @ gmail.com (To be used for future annual report notification) 11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0401 or 517.0401. F.S., and that all feets owed by the corporation have been peak the same legale effect as	city Lake Placid, F	FL 33852			
Titles Name of Officers and/or Directors Officers and/or Directors Adam Weiner Adam Weiner Adam Street Address of Each Officer and/or Director REINSTATEMENT 10. E-mail Address: Adam W5 60 8 9 mail. Com (To be used for future annual report notification) 11. 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 male for incompanies the requirements of section 607.0401 or 617.0401. F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as	Signature of Registered Agent		digations of secti	3-70 11	
Officer and/or Directors Officer and/or Director Officer and/or Director Adam Weiner Dayl Sino key Sky Dr. Henderson, NV 89052 The pert: adam with a grain and the composition of	9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at le	ast 3 directors)		
10. E-mail Address: adamw5p8e9mail.com (To be used for tuture annual report notification) 11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as				City / State / Zip	
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if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Phone #					