## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P96000092924 **DOCUMENT#** 

1. Corporation Name

A.W.L. REALTY, INC.

Mailing Address

Principal Place of Business 11362 SAN JOSE BLVD. UNIT 5

JACKSONVILLE FL 32223

11362 SAN JOSE BLVD.

UNIT 5 JACKSONVILLE FL 32223

EINST	ATEMENT	

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

	addresses are incorrect in any way, line through				REINS	TATEMENT	$\cdot \omega$	
1600 PARK AVE 160					Date Incorporated or Qualified     To Do Business in Florida     11/13/1996			
Suite, Apt. #, etc.  Suite, Apt. #, Suite, Apt. #,  Suite, Apt		Suite			5. FEI Number	59-3414217	Applied For Not Applicable	
<sup>1</sup> 31		3207	3 Country	7H	6. CERTIFICATE		Additional Fee required a Certificate of Status	
Names	and Street Addresses of Each Officer and/or D	irector (Florida	nonprofit corporat	ons must list at le	ast 3 directors)			
Title(s)	(s) Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director		City / State / Zip			
PVST	WERNER, ANDREW J 121		12136 RESERVOIR LANE		JACKSONVILLE FL 32223			
D	WERNER, ANDREW J		12136 RESERVOIR LANE			JACKSONVILLE FL 32223		
				;	30	00034550		
				1		-11/07/0001 ****750.00	****750.00	
					-			
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
				Name				
WERNER, ANDREW J 12136 RESERVOIR LANE				Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32223			Ì	Suite, Apt. #, Etc.				
$\mathcal{F}$			City State Zip Code					
0. I, bein ignature d egistered	Agent	anted corporati	BEQU	and accept the c	obligations of Secti	on 607.0505, F.S.	(ov	
1. I certify this rein	that I am an officer or director or the receiver on the receiver on the reason for dissolution, the reason for dissolution.	or trustee empo	wered to execute the minated, the corpor	nis application as ate name satisfies	provided for in cha s the requirements	pter 607 or 617, F.S. I further of section 607.0401 or 617.04	certify that when filing 01, F.S., that all fees	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. JUREW JUERNAN 0/15/00 904-568-Date Daytime Phone #

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