PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 OCT 27 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000040005

1. Corporation Name

WAW Enterprises, Inc.

2. Principal Office Address	3. Mailing Office Address
1347 Richwood Circle	335 South Plumosa Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite A
City & State Rockledge, Florida	City & State Merritt Island, Florida
Zip 32955 Country U.S.A.	Zip 32952 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3458624 ☐ 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: William A. Wallace, Jr.

Street Address (P.O. Box Number is Not Acceptable): 1347 Richwood Circle

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-11/07/00--01069--006
****750.00 ****750.00

Suite, Apt. #, Etc.

City: Rockledge State: FL Zip Code: 32955

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: X Wm. A. Wallace Jr. Date: 10/26/00
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	City / State / Zip
Pres.	William A. Wallace, Jr.	1347 Richwood Circle	Rockledge, Florida 32955
Sec. Treas.			
Dir.			
		REINSTATEMENT	

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.

SIGNATURE: X Wm. A. Wallace Jr. 10/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William A. Wallace, Jr.