PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT					FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVESION OF CORPORATIONS					FILED 99 DEC 29 AM 8: 42						
DOCUMENT # P97000073819 1. Corporation Name										SECRETARY OF STATE TALLAHASSEE FLORIDA						
	AWE	٦ċ	-ogue	<u>-</u> +i	ons,	Inc	••									
2. Principal Office Address 13798 N.W. 4 th St.					3. Mailing Office Address 13798 NW 4 th S+.					PENSTATEMENT ()						
Suite, Apt. #, etc.					Suite, Apt. #,	P (0-0)	40	./			20,20	5 4/3 MT 1 1 1 7 1 2 1				
306					300	4. Date Incorporated or Qualified To Do Business in Florida 8/26/199						1997				
City & State					City & State	•	5. FEI Number Applied For									
<u> Sun</u>	Suncise FL Country			Sunrise, FL					65-0782900						Not Applicable	
^{zip} 333 (25	US	•		Zip 3332	5	"	ountry USA		6. CERTI	FICATE (OF STATUS	S DESIRED		5 Additio	nal Fee required cate of Status
<u> </u>				Service Actions			Addre		t Register	red Agent			. It may		8 <u>3 1 %</u> [47	
	Street Address (P.O. Box Number is Not Acceptable) 3 9 0 Brickell Are State S													- - D04 ⁻		
	300 City M 1 Am 1											State FL	Zip Coo	de 3 /		
8. I, being a Signature of Registered A	_	registere	ed agent of th	ne above REC	e named corpo	ration, am t			ccept the o	bligations o	f section	007.050		0503, F.S.	/os	
9. Names	and Street Ac	ldresses	of Each Offic	er and/	or Director (Fk	rida nonpro	ofit co	prporations m	ıst list at le	ast 3 direct	ors)					
Titles			Street Address of Each Officer and/or Director													
PD	Jam	es /	M. い	1ee	ler	77 5	S.	Birc	h R	٩٥٥	EZZ- A	F+.	Laud	erdale	FL.	33316
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this rein owed by	statement ap the corporat	plication, ion have	the reason fo been paid an	or dissol ad the na	er or trustee er lution has beer ames of individ nature shall ha	eliminated uals listed (l, the on thi	corporate nar s form do not	ne satisfies qualify for	the require an exemption	ments o	f section (607.0401	or 617.040	01, F.S., t	hat all fees
SIGNATURE: 12/18/00 (954)835-9199 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																