

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 AUG 16 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/22/02--01064--002
****600.00 ****600.00

CORPORATION REINSTATEMENT



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

DOCUMENT # **P97000080315 (A)**

1. Corporation Name
HWL INC.

2. Principal Office Address
P.O. Box 620190
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 620190
Suite, Apt. #, etc.

City & State
Oviedo, FL.

City & State
Oviedo, FL.

Zip
32762 Country
Seminole

Zip
32762 Country
Seminole

4. Date Incorporated or Qualified To Do Business in Florida **9-15-97**

5. FEI Number
59-3470759 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
Amy Labita

Street Address (P.O. Box Number is Not Acceptable)
2879 Sand Bluff Cove

Suite, Apt. #, Etc.

City
Oviedo State
FL Zip Code
32765

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: **Amy Labita** Date **5/3/02**
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
D	William Labita	2879 Sand Bluff Cove	Oviedo, FL 32765
C	Amy Labita	2879 Sand Bluff Cove	Oviedo, FL 32765

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: **Amy Labita** **Amy Labita** 8/1/00 407-977-8570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)

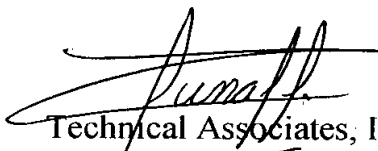
Florida Department of state
Division of corporations.

On reviewing my papers, I noticed that I have not received the Uniform Business Report for 2002 to renew the corporation, also I may not received it because I have moved into a new address, please check if you have received it back, and if so please send me a new form. My new address is 1363 cottonwood cir.

Weston-FL-33326.

I will really appreciate your response as soon as possible.

Sincerely yours;



Technical Associates, Inc
Carlos Luna FEE 65-1055299

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