

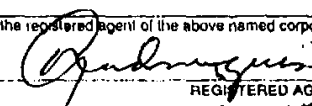
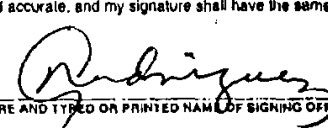
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P. 1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 99 NOV 17 PM 12:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000088351					
1. Corporation Name AWNING CENTER CORP.					
Principal Place of Business		Mailing Address			
7921 NW South River Dr Box 108 MEDLEY, FL 33166		7921 NW South River Dr Box 108 MEDLEY, FL 33166			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0778718	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Add Extra Fee to request for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
DP ST	Alejandro Rodriguez	10000 NW 80 CT #2322	Hialeah FL 33016.		
REINSTATEMENT <u>99</u>					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name: Alejandro Rodriguez Street Address (P.O. Box Number is Not Applicable): 10,000 NW 80 CT Suite, Apt. #, Etc.: #2322 City: Hialeah State: FL Zip Code: 33016.		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent: 			Date: 11/16/99		
REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)					
12. 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: 			Date: 11/16/99		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		