PLEASE READ ALC INS	TRUCTIONS	BEFORE C	OMPLET	ING THIS F	ORM	
APPLICATION FLORID	OA DEPARTMEI Sandra B. Mor Secretary of S	NT OF STATE tham	T		O	. ′
	DIVISION OF CORPOR			Trans.	ED	
DOCUMENT # <b>P97000100699</b> 1. Corporation Name			99 JAN -5 AM 9: 02			
GAWEMI INC.			SECRETARY OF STATE			
Principal Place of Business Mailing Address			T	ALLAHASSE	E, FLORIDA	7
3356 NE 42ND COURT 3356 NE 42ND COURT						
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308			REINSTATEMENT X			
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					CMI	
5100 N.W. 33 A VE 5100 N.W. 33 A Suite, Apt. #, etc. Suite, Apt. #, etc.			To Do Busin	orated or Qualified less in Florida	11/26/19	197
SUITE 250 SUITE 250 City & State FORT LAUDERDALE FL FORT LAUDERDA			5. FEI Number	07969	74	Applied For Not Applicable
FORT LAUDENBALE, FL FORT  Zip Zip Zip Zip Zip Zip Zip Zip Zip Zi	Country		6. CERTIFICATE	OF STATUS DESIRE	\$8.75 Addit	ional Fee required
Names and Street Addresses of Each Officer and/or Director (Florance of Officers)  Name of Officers	orida nonprofit corpora	tions must list at leas	st 3 directors)			
Title(s) and/or Directors Office		cer and/or Director Post Office Box Nu	City / State / Zip			
D HORNER, RICHARD L CHETHANCIAL TEAD				T. LAUDERDAL	ITL 33337 DEVLALE	FL33309
			41	9 <b>0002</b> -01/13/ ****75	7	*750.00
Name and Address of Current Registered Age	ent	Name	9. Name and A	ddress of New Reg	gistered Agent	
LIBOW, ALLEN H	Street Address (P.O. Box Number is Not Acceptable)					
301 YAMATO ROAD, STE. 4199 BACO RATON FL 33431		Suite, Apt. #, Étc.				
4		City			State Zip Co	de
Signature of Registered Agent Page Agent Must Sign						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						