

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

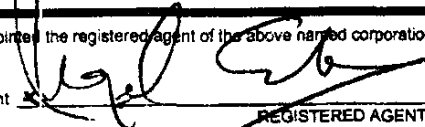
REINSTATEMENT 03-05

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000099352 1. Corporation Name AMERICAN WORLDWIDE CORP.	
2. Principal Office Address 7945 SW 24 ST Suite, Apt. #, etc. City & State MIAMI Zip Country FL 33155	3. Mailing Office Address 7945 SW 24 ST Suite, Apt. #, etc. City & State MIAMI Zip Country FL 33155

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0879578	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

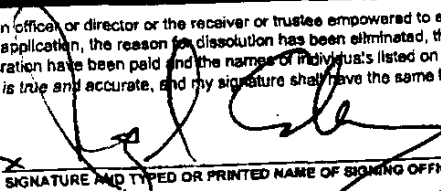
7. Name and Address of Current Registered Agent Name MIGUEL CARRILLO Street Address (P.O. Box Number is Not Acceptable) 7945 SW 24 ST Suite, Apt. #, Etc. City MIAMI		State Zip Code FL 33155
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  Date _____ REGISTERED AGENT MUST SIGN	
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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
PD	HASSAN, HADDED	7945 SW 24 ST	MIAMI FL 33155
S	MIGUEL CARRILLO	7945 SW 24 ST	MIAMI FL 33155

07/18

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 07-08-05 Daytime Phone # _____

CR2E081 (01/05)