

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000032804**

1. Corporation Name

**THE AWESOME GROUP, INC.**

Principal Place of Business

Mailing Address

**3418 N ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805**

**1314 BELGRADE AVENUE  
2ND FLOOR  
ORLANDO FL 32803**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/09/1999**

5. FEI Number

**59-3569162**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75** Additional Fee required  
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCEO	BAILEY, ALBERT L III	1314 BELGRADE AVENUE	ORLANDO FL 32803
VPST	WING-BAILEY, MICHELLE L	1314 BELGRADE AVENUE	ORLANDO FL 32803

**200023955392**  
10/20/03--01050--006 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ROSE, ANGELA M~~  
~~2020 NELA AVENUE~~  
~~ORLANDO FL 32809~~

Name

**Albert Lee Bailey III**

Street Address (P.O. Box Number is Not Acceptable)

**1314 BELGRADE AVE**

Suite, Apt. #, Etc.

**SECOND FLOOR**

City

**ORLANDO**

State

**FL**

Zip Code

**32803**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**10/08/03**

11. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALBERT LEE BAILEY III**

Date

**10/08/03**

Daytime Phone #

**407-2284848**

CR20040 (7/03)

1314 Belgrade Avenue  
Second Floor  
Orlando, FL 32803  
407.228.4848 Office  
407.894.3507 Fax

## *Awesome Group, Inc.*

Thursday, October 09, 2003

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find our completed application for reinstatement and UBR filing fee. Please be advised that I do not remember ever receiving anything from your office, to include either of the two previous UBR notices mentioned in the Notice of Administrative dissolution or Revocation recently received.

Due to this circumstance, I respectfully request that the reinstatement fee be waived as described in the above mentioned notice.

Thank you for your attention to this matter

Sincerely

THE AWESOME GROUP, INC.

  
Albert Lee Bailey, III  
President/CEO

Enclosures:  
Check for \$150.00 (Annual Reporting Fee/Corporate Supplemental Fee)  
Application for Reinstatement