

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000035778

1. Corporation Name

AWG ENTERPRISES INC.

Principal Place of Business

Mailing Address

3801 49TH AVE.,N.#C
ST.PETERSBURG FL 33714

3801 49TH AVE.,N.#C
ST.PETERSBURG FL 33714

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

04/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3578900

Not Applicable

Zip

Country

Zip

Country

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|-------------------------|
| 1 | 2 | 3 | 4 |
| PRES. | ADAM W. GARABRANT | 3801 49TH AVE N. #C | ST. PETERSBURG FL 33714 |
| | | | |
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900003493419--1
-12/11/00--01041--009
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARABRANT, ADAM W
3801 49TH AVE.,N.#C
ST.PETERSBURG FL 33714

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Adam W. Garabrant
REGISTERED AGENT MUST SIGN

Date 10-23-00

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:

Adam W. Garabrant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-00

KE

TODEE INC.
A. V. DEL PRETE
11155 57TH TERRACE N.
SEMINOLE, FLORIDA 33772
(727)394-1945
FAX-(727)394-1945

OCTOBER 23, 2000

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: ANNUAL REPORT
AWG ENTERPRISES INC.
DOCUMENT # P99000035778

THIS IS THE SECOND TIME THAT THIS HAS HAPPEN TO MY CLIENTS IN
THE CURRENT YEAR.


MY OTHER CLIENT, WHO SET UP A CORPORATION IN 1999 ALSO DIDN'T
RECEIVE THE APPLICATION FOR THE ANNUAL REPORT. THIS WAS
RESOLVED BY WAIVING THE PENALTY FILING.

NOW MY SECOND CLIENT HAS THE SAME PROBLEM. I DON'T BELIEVE IT
IS FAIR THAT WHEN A APPLICATION FOR FILING IS NOT RECEIVED,
MY CLIENT SHOULD BE PENALIZED.

ENCLOSE YOU WILL FIND A COMPLETED APPLICATION WITH A CHECK IN
THE AMOUNT OF \$175.00 (THE ORIGINAL FEE) AND REQUEST THAT A
WAIVER OF THE REMAINING AMOUNT.

~~WE WOULD APPRECIATE IF YOU WILL GRANT OUR REQUEST OF WAIVER.~~

YOUR IMMEDIATE ATTENTION WILL BE APPRECIATED.


A. V. DEL PRETE