

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P99000074964

1. Corporation Name

**AWARD WINNING ENTERPRISES, INC.**

2. Principal Office Address

450-106 State Road 13N,

Suite, Apt. #, etc.

Suite 271

City & State

Jacksonville, FL

Zip

32259

Country

St. John

3. Mailing Office Address

450-106 State Road 13N,

Suite, Apt. #, etc.

Suite 271

City & State

Jacksonville, FL

Zip

32259

Country

St. John

4. Date Incorporated or Qualified  
To Do Business in Florida

8/16/99

5. FEI Number

65-0945599

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIGNED FOR

7. Name and Address of Current Registered Agent

Name

O'Nan, James M.

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

450-106 State Road 13N,

Suite, Apt. #, etc.

Suite 271

City

Jacksonville

State

FL

Zip Code

32259

8. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of section 607.0005 or 617.0003, F.S.

Signature of  
Registered Agent

Date

4/8/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
D/Pres	O'Nan, James M.	450-106 State Road 13N, Suite 271	Jacksonville, FL 32259
D/Secy	O'Nan, Katrina C.	450-106 State Road 13N, Suite 271	Jacksonville, FL 32259

10. I certify that I am an officer or director or the member 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 corporation is eligible to be reinstated 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 will continue to have the same legal effect as if made under oath.

SIGNATURE:

James M. O'Nan/Pres 4/08/03

904/237-3123

SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 APR -9 AM 10:00

900016322659  
04/18/03--01041--009 \*\*300.00

*AWARD WINNING ENTERPRISES, INC.*

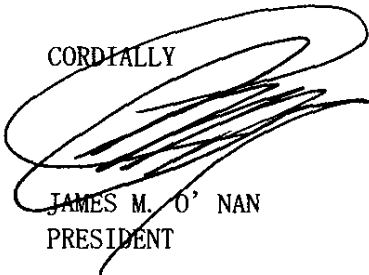
TO WHOM IT MAY CONCERN:  
TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2002 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON' T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY

A large, stylized handwritten signature in black ink, appearing to read 'J. M. O'NAN', is written over the typed name and title.

JAMES M. O' NAN  
PRESIDENT