

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -9 AM 10:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1000063065

1. Corporation Name

SAAW INC.

2. Principal Office Address

521 HUGHES RD

Suite, Apt. #, etc.

3. Mailing Office Address

521 HUGHES RD.

Suite, Apt. #, etc.

City & State

AUBURNDALE, FLA.

City & State

AUBURNDALE, FLA

Zip

33823

Country

POLK

Zip

33823

Country

POLK

REINSTATEMENT 02-09

600025969676

01/05/04--01017--012 **1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

6-25-2001

5. FEI Number

30-0014750

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

SCOTT WILLIS

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

401 E. ROBINSON ST. # 201

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32801

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

[Handwritten Signature]

Date

REGISTERED AGENT MUST SIGN

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
<u>PRES</u>	<u>SCOTT WILLIS</u>	<u>401 E. ROBINSON ST.</u>	<u>ORLANDO, FLA. 32801</u>

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

Daytime Phone #

(863) 412-0997

CR2E081 (10/02)