

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVAL AND FILED

97 NOV -7 PM 1:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F96000006284**

1. Corporation Name

**MWS COMMUNICATIONS, INC.**

Principal Place of Business

377 PARK AVE., S., 6TH FLOOR  
 NEW YORK NY 10016

Mailing Address

377 PARK AVE., S., 6TH FLOOR  
 NEW YORK NY 10016

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

12/02/1996

5. FEI Number

13-3795935

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WEIL, NATHAN	377 PARK AVE., S., 6TH FLOOR	NEW YORK NY 10016
V	STUART, MITCHELL	377 PARK AVE., S., 6TH FLOOR	NEW YORK NY 10016
S	MARCUS, ANDREW	377 PARK AVE., S., 6TH FLOOR	NEW YORK NY 10016

100002345041-3  
 -11/12/97-01093-014  
 \*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

BASHER, DAVID  
 3377 SUGAR BEND DR.  
 ORLAND FL 32819

9. Name and Address of New Registered Agent

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 *David Basher*  
 THE REGISTERED AGENT MUST SIGN

Date 11/3/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on Intangible tax.)

12. 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: *David Basher*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/3/97 Daytime Phone #

CR2E040 (8/97)