

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 PM 4:35

DOCUMENT # P01000007988

1. Corporation Name

LFW, INC.

Principal Place of Business

Mailing Address

1540 NW 63RD WAY
MARGATE FL 33063

1540 NW 63RD WAY
MARGATE FL 33063



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

01/19/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1068680

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WILLS, HELAYNE F	1540 NW 63RD WAY	MARGATE FL 33063

200023751682
10/13/03--01073--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLS, HELAYNE F
1540 NW 63RD WAY
MARGATE FL 33063

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. or 617.0505, F.S.

Signature of Registered Agent

Helayne F. Wills
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 10/8/03

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:

Helayne F. Wills
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03
Date

954-978-3897
Daytime Phone #

CR2E040 (7/03)

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

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT I DID NOT RECEIVE AND WAS UNAWARE OF THE ANNUAL REPORT NECESSARY UNTIL I RECEIVED THIS NOTIFICATION OF DISSOLUTION. I HAVE ONLY HAD THE CORPORATION FOR A YEAR, AND DID NOT REALIZE SOMETHING WAS MISSING FOR MY CORPORATION.

I WOULD APPRECIATE IT IF YOU WOULD BE ABLE TO WAIVE THE-REINSTATEMENT FEE. I NOW KNOW ABOUT THE REPORT BEING DUE ON MAY 1ST AND WILL MAKE SURE I FILE BEFORE THEN.

THANK YOU FOR YOUR ATTENTION.

SINCERELY YOURS,



HELAYNE F. WILLS, PRESIDENT
LFW, INC.
FEI # 65-1068680