

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 23 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000063106**

1. Corporation Name

**CLW SYSTEMS, INC.**

Principal Place of Business

Mailing Address

SCOTCH ROAD  
MERCER COUNTY AIRPORT  
TRENTON NJ 08628

SCOTCH ROAD  
MERCER COUNTY AIRPORT  
TRENTON NJ 08628



**REINSTATEMENT**

*2000*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/29/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0696089	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
D	LINEBARGER, LEON	SCOTCH ROAD MERCER COUNTY AIRPOR	TRENTON NJ 08628
D	OWINGS, BILL	SCOTCH ROAD MERCER COUNTY AIRPOR	TRENTON NJ 08628
CP	GOODSON, MICHAEL J.	SCOTCH ROAD MERCER COUNTY AIRPOR	TRENTON NJ
S	HARRIS, TERRI <i>CARL H. DOBES</i>	SCOTCH ROAD MERCER COUNTY AIRPOR	TRENTON NJ
			300003455873--1
			-11/07/00--01109--019
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERGER, JAMES L  
100 NORTHEAST THIRD AVENUE  
SUITE 400  
FT. LAUDERDALE FL 33301

Name *KATHY GIBBS*  
Street Address (P.O. Box Number is Not Acceptable)  
*5265 N.W. 108th AVE*  
Suite, Apt. #, Etc.  
City *SUNRISE* State *FL* Zip Code *33351*

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 *[Signature]* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date *10/20/00*

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:

*Carl H. Dobes*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

*10/19/00* *(609) 406-7022*

CR2E040 (8/00)