PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 14 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000065243

1. Corporation Name

KWSC, INC

REINSTATEMENT

00-02

2. Principal Office Address	**3.** Mailing Office Address
1221 DUVAL ST	1075 DUVAL ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	P.O. Box 221
City & State: KEY WEST, FLA	City & State: KEY WEST, FL.
Zip: 33040 Country: U.S.A.	Zip: 33040 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 07/25/1997

5. FEI Number: 593459844 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: JERRY ANDREW

500008344035--9
10/14/02--01005--004
***1050.00 ***1050.00

Street Address (P.O. Box Number is Not Acceptable): 1221 DUVAL ST.

Suite, Apt. #, Etc.:

City: KEY WEST | State: FL | Zip Code: 33040

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: Jerry W Andrews
REGISTERED AGENT MUST SIGN

Date: 8/15/02

CR2E081 (9/01)

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
PRES	Jerry W Andrews	1075 Duval st #221	Key West FL 33040
VPres	Jerry W Andrews	1075 Duval st #221	Key West FL 33040
Secretary	Heidi Davis	1075 Duval st #221	Key West FL 33040
treasurer	Jerry W Andrews	1075 Duval st #221	Key West FL 33040

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: Jerry W Andrews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/15/02

Daytime Phone #: (305) 294-3824

gs 10/14/02

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

September 11, 2002

KWSC, INC.
1075 DUVAL STREET
POST OFFICE BOX 221
KEY WEST, FL 33040

SUBJECT: KWSC, INC.
Ref. Number: P97000065243

We have received your document for KWSC, INC. and check(s) totaling $1050.00. However, your check(s) and document are being returned for the following:

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 702A00052042