


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 22 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000065243**

1. Corporation Name

KWSC Inc.

2. Principal Office Address

1221 Duval

Suite, Apt. #, etc.

3. Mailing Office Address

1075 Duval #221

Suite, Apt. #, etc.

221

City & State

Key West FL

City & State

Key West FL

Zip

33040

Country

US

Zip

33040

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

7-25-97

5. FEI Number

593459844

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Jerry Andrews

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

1221 Duval St

700024012257

10/22/03--01043--001 **250.00

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

10/18/03

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
v.p.			
Treasurer			
Secretary	Heidi M Davis	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

10/18/03

Date

305 294 3824

Daytime Phone #

CR2E081 (10/02)

9/10/25