

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 13 AM 8:00

DOCUMENT # 361862

1. Corporation Name
MWD ENTERPRISES, INC.

535 HILLCREST DRIVE
535 HILLCREST DRIVE

2. Principal Office Address
535 HILLCREST DRIVE

3. Mailing Office Address
535 HILLCREST DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRADENTON, FLORIDA

City & State
BRADENTON, FLORIDA

Zip
34209

Country
MANATEE

Zip
34209

Country
MANATEE

4. Date Incorporated or Qualified
To Do Business in Florida 03/31/1970

5. FEI Number
591287040

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-04

MRS

7. Name and Address of Current Registered Agent

Name
CANDICE EASON

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

Suite, Apt. #, Etc.

City
BRADENTON

State
FL Zip Code
34209

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

Candice Eason

Date 12-9-04

REGISTERED AGENT MUST SIGN

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
P,VP,T	MARSHALL DESEAR	4204 RIVERVIEW BLVD. W	BRADENTON, FL 34209
S	CANDICE EASON	535 HILLCREST DRIVE	BRADENTON, FL 34209

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12/13/04--01060--002 **1358.75

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: *Marshall W De Seary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/04

Date

748-6009

Daytime Phone #

CR2E081 (07/04)