

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 23 PM 12:11

DOCUMENT # 461728

1. Entity Name
LWS, INC.



Principal Place of Business

C/O L.H. SPILER
1540 E. COMMERCIAL BLVD., SUITE 1
FT. LAUDERDALE, FLORIDA, 33334

Mailing Address

C/O L.H. SPILER
4450 NE 16 AVE.
FT. LAUDERDALE, FL 33334 US

change please



2. Principal Place of Business - No P.O. Box #

1540 E. Commercial Blvd
Suite 1

3. Mailing Address

198 Montego Bay Rd NW

Suite, Apt #, etc.

Suite, Apt #, etc.

REINSTATEMENT 08-09 KS

City & State

Ft. Lauderdale, Florida

City & State

Milledgeville, Georgia

4. FEI Number

59-1559410

Applied For

Not Applicable

Zip

33334

Country

Broward

Zip

31061

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPILER, LAWRENCE H.
4450 NE 16 AVE.
FT. LAUDERDALE, FLORIDA, FL 33334

US please use same address

thank you

Wayne Spiler

7. Name and Address of New Registered Agent

Wayne D. Spiler

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

198 Montego Bay Road N.W.

4450 NE 16th AVE Ft. Lauderdale, FL 33334 X

City

Milledgeville, Georgia X

Zip Code

31061

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Wayne D. Spiler

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-7-09

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SPILER, LAWRENCE H	
STREET ADDRESS	1540 E. COMMERCIAL	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SPILER, LAWRENCE H.	
STREET ADDRESS	1540 E. COMMERCIAL	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SPILER, WAYNE D	
STREET ADDRESS	4450 NE 16 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPILER, LAWRENCE H JR.	
STREET ADDRESS	4450 NE 16 AVE.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800143188538	
STREET ADDRESS	02/09/09--01055--008 **908.75	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Wayne D Spiler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-09

Date

478-696-6622

Daytime Phone #