

APPLICATION
FOR
REINSTATEMENT



FILED

DOCUMENT # 4749535

C.W.P. ENTERPRISES, INC.

97 FEB 19 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

300 South Spring Garden Ave.
DeLand, FL 32720

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

4. Date Incorporated or Qualified
To Do Business in Florida
4/23/75

Applied For

59-1933642

Not Applicable

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|--|---|-------------------------|
| P/S/D | Clyde W. Pierce | 300 S. Spring Garden Ave. | DeLand, FL 32720 |

| | | | |
|-----------------|-----------------------|-----------|-----------|
| 200002094822--8 | -02/24/97--01001--002 | ***923.75 | ***923.75 |
|-----------------|-----------------------|-----------|-----------|

REINSTATEMENT 910-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Clyde W. Pierce
300 South Spring Garden Aenue
DeLand, FL 32720

Name _____

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

Suite, Apt. #, Etc.

City

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 2/18/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/97
Date

Date _____

904-822-4797
Daytime Phone #