


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

192

APPROVED AND FILED

05 MAR -7 PM 3:19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 833787 1. Corporation Name M.E.W.C., Inc.			
2. Principal Office Address 7675 Woodland CREEK LANE		3. Mailing Office Address 7675 WOODLAND CREEK LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL	
Zip 33467	Country USA	Zip 33467	Country USA

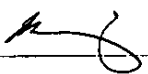
REINSTATEMENT 01-05
MRS

4. Date Incorporated or Qualified To Do Business in Florida 2/7/75	Applied For <input checked="" type="checkbox"/> Not Applicable
5. FEI Number 340977793	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$875 Additional Fee required for a Certificate of Status

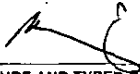
7. Name and Address of Current Registered Agent		
Name MARK A. URBANOWICZ		ID Number 500048400005
Street Address (P.O. Box Number is Not Acceptable) 7675 WOODLAND CREEK LANE		
Suite, Apt. #, Etc. LAKE WORTH, FL		
City LAKE WORTH, FL	State FL	Zip Code 33467

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  REGISTERED AGENT MUST SIGN Date **3/1/05**

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 PRES SECS	MARK A. URBANOWICZ	7675 WOODLAND CREEK LANE 776 HALBAR DR	LAKE WORTH, FL 33467
T V. Pres.	BLAISE C. URBANOWICZ	726 HALBAR DR.	CAMBRIDGE, OHIO 43122
	ANDREW J. URBANOWICZ	(DECEASED)	

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3/1/05** Daytime Phone # **561-582-8345**

CR2E081 (01/04)

2082

URBANOWICZ
MARK GORBAMOWICZ
6680 LANTANA RD
STE 4
LAKE WORTH, FL 33467

Request taken by: troberts
02-18-2005

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

to whom it may concern
 After the passing of your father, ANDREW J. URBANOWICZ
 we did not receive the filing papers for
 the CORP. This is the name & address of the
 officer, now.

Thank you

Mark
 MARK A. URBANOWICZ
 3/3/05
 Enc. Check # 1180
 750⁰⁰