

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

Palm Beach

Zip

33467

Country

USA

REINSTATEMENT

01-05

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

2/7/75

5. FEI Number

340977793

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK A. URBANOWICZ

500048400005

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

7675 WOODLAND CREEK LANE

03/15/05--01009--018 **750.00

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

[Signature]

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
PRES SECS	MARK A. URBANOWICZ	7675 WOODLAND CREEK LANE 776 HALBAR DR	LAKE WORTH, FL 33467
T. VP V. Pres.	BLAISE C. URBANOWICZ	726 HALBAR DR	Cambridge, Ohio 43725
	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

Below it may concern
After the passing of our 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

PAUL
MARK A. URBANOWICZ
3/3/05
Encl CHECK # 1180
75022