PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
APPLICATION FOR REINSTATEMENT	Secre	HINVENT OF STATE B. Mortham ary of State CORPORATIONS	JOHN SEE FOLAT	•	
DOCUMENT # F03780 1. Corporation Name			AHASSECTO ATE		
C.N.W. Corp.					
Principal Place of Business	Mailing Address				
1709 Fountainhead Dr. Lake Mary, Fl. 32746					
If above addresses are incorrect in any way, line thr	ough incorrect information				
New Principal Office Address, If Applicable 1709 Fountainhead Dr.		ddress, If Applicable	4. Date Incorporated or Qualified -= To Do Business in Florida 10/30/80		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number X Applied For	_	
City & State Lake Mary, Fl.	City & State		Not Applicable 6. \$8.75 Additional Fee regulare		
Zip 32746 Country	Zip	Country	CERTIFICATE OF STATUS DESIRED. for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/ Name of Officers	or Director (Florida nonpro	Street Address of Each	ch	-	
Title(s) and/or Directors		Officer and/or Director City / State / Zip 3 (Do NOT Use Post Office Box Numbers) 4		_	
P/D Douglas Ward		1709 Fountainhead Dr. Lake Mary Fl. 32746			
		•			
			9000025946394	=	
			****2367.50 ****2323.75		
8. Name and Address of Current	Registered Agent	Name	9. Name and Address of New Registered Agent Name		
Douglas Ward 1709 Fountainhead Dr. Lake Mary, Fl. 32746		Street Address (I	Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		CR2E040 (198)	
-		City	State Zip Code FL		
10. I, being appointed the recistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Day UND DOUGLAS WARD Pres. July # 20. 1898407-521-7477 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres. July # 20. 1898407-521-7477 Dayline Phone #					

CAPITAL CONNECTION, INC.

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Walk-In

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NW Co	·	
		Art of Inc. File LTD Partnership File Foreign Corn File
•		Foreign Corp. File L.C. File
•	- ·	Fictitious Name File Trade/Service Mark
		Merger File Art. of Amend. File
	· · · · · · · · · · · · · · · · · · ·	RA Resignation Dissolution / Withdrawal
		Annual Report / Reinstatement Cert. Copy Photo Copy
/		Certificate of Good Standing Certificate of Status
M		Certificate of Fictitious Name Corp Record Search
1		Officer Search Fictitious Search
Signature		Fictitious Owner Search
Requested by: /	1/m 7.21 Inia	Driving RecordUCC 1 or 3 File
Name	$\frac{\sqrt{U}}{\text{Date}} = \frac{\sqrt{U}}{\text{Time}}$	UCC 11 Search

Courier