PLEASE READ	ALL INSTRUCTION	S BEFORE C	COMPLETING THIS FO	RM.	
APPLICATION FOR REINSTATEMENT	Sandra B. M Secretary of Division of Core	otham	SECRETING THIS FOR		
DOCUMENT # F03780  1. Corporation Name	Allasse My 3 3	? <i>&gt;</i>			
C.N.W. Corp.			ORIDA		
Principal Place of Business	-				
1709 Fountainhead Dr. Lake Mary, Fl. 32746  If above addresses are incorrect in any way, line that	1 Living 198	1-98			
2. New Principal Office Address, If Applicable  3. New Malling Office Address, If Applicable  1709 Fountainhead Dr.			4. Date Incorporated or Qualified -: To Do Business in Florida 10 / 20 / 90		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		10/30/80 5. FEI Number X Applied For		
City & State Lake Mary, Fl. Zip Country	City & State	ntry	6.	Not Applicable  \$8.75 Additional Fee required	
32746			CERTIFICATE OF STATUS DESIRED	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)  Name of Officers Street Address of Each Officer and/or Director Officer and/or Director Officer and/or Director Office Box Numbers)  4			ty / State / Zip		
P/D Douglas Ward 1709 F		untainhead	d Dr. Lake Mary	F1. 32746	
	·				
			9000025; 07/21/9 ***2367	0 01031 011	
Name and Address of Current R	egistered Agent		9. Name and Address of New Regist	ered Agent	
Douglas Ward Street Address (i				0000	
1709 Fountainhead Dr. Lake Mary, Fl. 32746	Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
Bane 114277 11. 32740		State 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 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 filling 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 PRINT	TED NAME OF SIGNING OFFICER OF	Vard Pres.	July (\$ 20, 189	8407-521-7477 Daytime Prions #	

## CAPITAL CONNECTION, INC.

**417** E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) **224**-8870 • 1-800-342-8062 • Fax (850) 222-1222

Will Pick Up .

Walk-In

NW Corp	- <del> </del> - <del> </del>
	Art of Inc. File
	LTD Partnership 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
0 0 / 0	Certificate of Good Standing
	Certificate of Status
$M \times I \times M / I$	Certificate of Fictitious Name
	Corp Record Search 522
	Officer Search
	Fictitious Search
Signatura	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: A Max 7, 21 1010	UCC 1 or 3 File
- VICT 1018	UCC 11 Search
Name Date Time	UCC 11 Retrieval

Courier

Tracking #: 900002594639



900002594639 COR 5