

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F94000005049

1. Corporation Name

L.D.W., INC. doing business in Florida as
L.D.W., INC. of Pennsylvania

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STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

301 Oxford Valley Road
Suite 1603
Yardley, PA 19063

SAME

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/94

5. FEI Number

23-2182701

Applied For

Not Applicable

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
Pres.	R. Wayne Kessler	48 Forrest Hills Dr.	Voorhees, NJ 08043
Sec/Tres	Richard M. McCaffery	67 Kara Lane	Feasterville, PA 19053
			200002828312--3 -04/02/99--01086--024 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

Samuel Stewart
69 Golfview Drive
Tequesta, FL 33469

9. Name and Address of New Registered Agent

Name
Samuel Stewart
Street Address (P.O. Box Number is Not Acceptable)
7519 S.E. Fiddlewood Lane
Suite, Apt. #, Etc

City
Hobe Sound

State
FL

Zip Code
33455

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

Samuel Stewart
REGISTERED AGENT MUST SIGN

Date 3-23-99

11. This corporation owes 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:

Richard W. Kessler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-99

215-3214002

CR2008112/99