


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

01 MAR -1 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G 95285**

1. Corporation Name

D.W.M. Investments, Inc.

2. Principal Office Address

6464 1ST AVE. N.

3. Mailing Office Address

**2116
EAST BAY DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Pete FL.

City & State

Largo Florida

Zip

33707

Country

Pinellas

Zip

33771

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

April 9, 1984

5. FEI Number

59-2412564

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Paul W. Hitchens, P.A.

700003810857--0

-03/08/01--01002--004

******750.00 ****750.00**

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

6464 1st AVE. North

Suite, Apt. #, Etc.

City

St. Pete

State

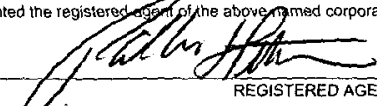
FL

Zip Code

33707

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



Date **1/31/01**

REGISTERED AGENT MUST SIGN


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.T.S	DAVID W. Muzichuk	3955 14th AVE. SE.	Largo FL 33771
V	Lynne A. Deal	3955 14th AVE. SE.	Largo, FL 33771

REINSTATEMENT 2000-01

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:



DAVID W. Muzichuk

2/5/01

727-584-3126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #