APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 DEC 13 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J48283

1. Corporation Name

DWAYNE INC

RD 12-13-07

500113083635
12/12/07--01048--006 **500.00

REINSTATEMENT 06-07

CR2E061 (1/07)

2. Principal Office Address	3. Mailing Office Address
1630 HARBOUR DAY LANE	1630 HARBOUR DAY LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGBOAT KEY, FL	City & State: LONGBOAT KEY, FL
Zip: 34228 Country: USA	Zip: 34228 Country: USA

4. Date Incorporated or Qualified to Do Business in Florida: 12/22/1988

5. Fei Number: 59-2755984 ☐ 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: WALL-APELT, HELGA DR.

Street Address (P. O. Box Number is Not Acceptable): 1630 HARBOUR DAY LANE

Suite, Apt. #, etc.

City: LONGBOAT KEY State: FL Zip Code: 34228

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: ______________
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
PDS	WALL-APELT, HELGA DR.	1630 HARBOUR DAY LANE	LONGBOAT KEY, FL 34228

10. I certify that I am an officer or director of the corporation or limited liability company 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 the dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and all other fees owed by the corporation have been paid. The names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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] President Dec 1, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #