

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 JUL -7 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K50259

1. Corporation Name

D.S. WARE CO., INC.

08/11/05 01039 003 \$450.00

12/04/02 01045 024 758-75

REINSTATEMENT 02-05

2. Principal Office Address

12412 SAN JOSE BLVD.

3. Mailing Office Address

12412 SAN JOSE BLVD.

Suite, Apt. #, etc.

SUITE 202

Suite, Apt. #, etc.

SUITE 202

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32223

Country

USA

Zip

32223

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/09/1988

5. FEI Number

59-2939883

☒ 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

J. HOWARD SHEFFIELD, ESQ.

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

6101 GAZEBO PARK PLACE NORTH

Suite, Apt. #, Etc.

SUITE 103

City

JACKSONVILLE

State

FL

Zip Code

32257

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 07/01/2005

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
PSD	DONALD S. WARE, JR.	12412 SAN JOSE BLVD #202	JACKSONVILLE, FLORIDA 32223

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 1, 2005

Date

904-425-3344

Daytime Phone #

CR20081 (01/05)

7/7 av