PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 NOV -9 AM 9: 17
DOCUMENT # K 95	260	TALLAHASSEE, FLORIDA
MWP ENTERPRISES	INC	T. Reserts NOV 1.3.2001
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address 400 ED ST	T. Reserved CR2E081 (1/07)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 6–13–89
City & State FORT WALTON BCH FL Zip Country	City & State FORT WALTON BYH FL Zip Country	5. FEI Number Applied For 592958238 Not Applicable
32547 OKALOOSA	32547 OKALOOSA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name	State Zip Code	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 Date 10 -4-07		
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	
PRES LARRY N. KLIN	UE 930 POCAHONTA	45 DR FORTWALTON BEH FL
		000110493750 16/08/0701036029 **300.00
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 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 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 AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

DIVISION OF CORPORATIONS
P.O. BOX 6327, TALLAHASSEE
FL 3231

TO SEC OF STATE

I SENT A CHANGE OF ADDRESS 3-06 FROM 803 SOUTH DR. FTWALTON BCH TO 400 ED ST FT WALTON BCH FL. I DID NOT RECEIVE ANY MORE DOCUMENTS AFTER THAT. IT LOOKS BY MY SEARCH THAT THE CHANGE NEVER GOT POSTED AND ALL DOC'S WERE PROBABLY SENT TO OLD ADDRESS. I HAVE ENCOSED 15000 EACH FOR 2006 AND TO 2007. I CHECKED THE BOX WHERE I DID NOT RECEIVE ANY PRIOR NOTICES.

> THANK YOU Jamy Kline