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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 95260

1. Corporation Name

NWP ENTERPRISES INC

REINSTATED 26-07
REINSTATED
T. Roberts NOV 15 2007

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
400 ED ST	400 ED ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT WALTON BCH FL	City & State: FORT WALTON BCH FL
Zip: 32547 Country: OKALOOSA	Zip: 32547 Country: OKALOOSA

4. Date Incorporated or Qualified To Do Business in Florida: 6-13-89

5. FEI Number: 592958238 ☐ 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: LARRY N. KLINE

Street Address (P.O. Box Number is Not Acceptable): 930 POCAHONTAS DR

Suite, Apt. #, Etc.:

City: FORT WALTON BCH State: FL Zip Code: 32547

☒ 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: Larry N. Kline — REGISTERED AGENT MUST SIGN — 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	City / State / Zip
PRES	LARRY N. KLINE	930 POCAHONTAS DR	FORT WALTON BCH FL 32547
			000110493750 10/09/07--01036--029 **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 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 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: Larry N. Kline — 10-4-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOS
DIVISION of CORPORATIONS
P.O. BOX 6327, TALLAHASSEE
FL 32314

T.O SEC of STATE

I SENT A CHANGE OF ADDRESS IN 3-06 FROM 803 SOUTH DR., FT WALTON 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 150^{00} EACH FOR 2006 AND TO 2007. I CHECKED THE BOX WHERE I DID NOT RECEIVE ANY PRIOR NOTICES.

THANK YOU

Larry K Lin