

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 20 AM 10:17

DOCUMENT # **K95260**

1. Corporation Name

MWP Enterprises Inc.

REINSTATEMENT

02-03

2. Principal Office Address

803 South Dr.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

Ft. Walton Beach,
Florida

City & State

Zip

32547

Country

USA

Zip

Country

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 Kline

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

803 South Drive

Suite, Apt. #, Etc.

City

Fort Walton Beach

State

FL

Zip Code

32547

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 **2-18-03**

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	Ft. Walton Beach, FL 32547

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:

Larry N. Kline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03

Date

850/862-3409

Daytime Phone #