

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FOR THE DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000020832
FILED

02 OCT 29 AM 9:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000020832

Name and Mailing Address

0010596 01 FP 0.352 **PRSRT HS 0 0615 34747-468700
EWD MAKERS L.L.C.
500 CELEBRATION AVE.
CELEBRATION FL 34747-4687

MJH



US

10/29/2002

2. New Mailing Address

City, State, Zip

Principal Place of Business

500 CELEBRATION AVE.
CELEBRATION FL 34747
US

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/03/2001

6. FEI Number

593760356

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

HURD, WILLIE E
220 EASTPARK DR.
CELEBRATION FL 34747

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Willie E. Hurd

Date

10-20-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HURD, WILLIE E	330 EASTPARK DR.	10/29/02 -- 01099 -- 003 -- \$450.00
			500008670565 10/29/02 -- 01099 -- 003 -- \$155.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Willie E. Hurd

Date

10-20-02

Daytime Phone #

407-973-8847

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)