

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

payed

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M95663**

1. Corporation Name

BWG ASSOCIATES, INC.

FILED

02 DEC 23 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

218A E EAU GALLIE BLVD
#4
INDIAN HARBOR BEACH FL 32937
US

Mailing Address

218A E EAU GALLIE BLVD
#4
INDIAN HARBOR BCH FL 32937
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



08/04/02 90163 UUS SSO

4. Date Incorporated or Qualified To Do Business in Florida

08/24/1988

5. FEI Number

59-2914434

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GEORGE, BRUCE W.	218A E EAU GALLIE BLVD, 4	INDIAN HARBOUR BEACH FL 32937

8. Name and Address of Current Registered Agent

GEORGE, BRUCE W.
218A E EAU GALLIE BV. 4, IND HBR BC, 32937
171 SAND DOLLAR RD.
INDIALANTIC FL 32903

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Signature **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date

11/04/02

11. 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:

Signature **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/02 321-TTB-1187
Date Daytime Phone #

CR2040 (8/02)

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JANES, KEY & DINHO, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

2717 N. Wickham Road - Suite 3 • Melbourne, Florida 32935
321-752-6000 • Fax 321-752-6003

December 21, 2002

Tyrone Scott
Document Specialist
Florida Department of Revenue
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: BWG Associates, Inc.

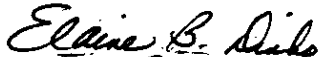
Dear Mr. Scott:

I have attached your letter dated November 19, 2002, original signed Annual Report Information for 2002, and proof of payment for \$550.00.

Please abate the additional \$200.00 fee and reinstate my client's corporate status. My client did not receive the original request for the additional \$200.00 prior to the corporation being administratively dissolved.

Thank you for your cooperation.

Very truly yours,



Elaine B. Dinho, CPA

Attachments - 2