PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2023 JAN -6 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # N15000011240

1. Corporation Name: BWB INC

2. Principal Office Address - No P O Box #	3. Mailing Office Address
1125 SW 13th Place	160 W. Camino Real
Suite, Apt. #, etc	Suite, Apt. #, etc. PMB 250
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33486 Country: USA	Zip: 33432 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/23/2015

5. FEI Number: 32-0490417 [X] 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: United States Corporation Agents, Inc.

Street Address (P O Box Number is Not Acceptable): 5575 S Semoran Blvd.

Suite, Apt. #, Etc: Suite 36

City: Orlando State: FL Zip Code: 32822

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: See attached Date: _____

REGISTERED AGENT MUST SIGN

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
P	Vincent Donato	1125 SW 13th Place	Boca Raton, FL 33486
S	Christina Donato	1125 SW 13th Place	Boca Raton, FL 33486
T	Jan Haas	8195 Thames Blvd. A	Boca Raton, FL 33433
			19-23

10. E-mail Address: Christina@sekur.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Christina G. Donato Christina G. Donato 12/2/22 561.271.1761

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

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SECRETARY OF STATE
TALLAHASSEE, FL

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Required Signature of Registered Agent
Cheyenne Mobley, United States Corporation Agents, Inc.