

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N15000011240

1. Corporation Name **BWB INC**

2. Principal Office Address - No P.O. Box #

**1125 SW 13<sup>th</sup> Place**

3. Mailing Office Address

**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**

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 13 <sup>th</sup> Place                 | Boca Raton, FL 33486 |
| S      | Christina Donato                  | 1125 SW 13 <sup>th</sup> Place                 | Boca Raton, FL 33486 |
| T      | Jan Haas                          | 8195 Thames Blvd. A                            | Boca Raton, FL 33433 |
|        |                                   |                                                |                      |
|        |                                   |                                                |                      |
|        |                                   |                                                |                      |

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 of 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/2/22**

Date

**561.271.1761**

Daytime Phone #

FILED  
2023 JAN -6 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FL 32302-4931.25

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

**11/23/2015**

5. FEI Number

**32-0490417**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

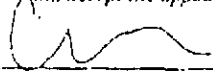
\$2.25 Additional Fee required for a Certificate of Status

FILED

2023 JAN -6 AM 10:32

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 Monoley, United States Corporation Agents, Inc.