

OCT-17-2002 THU 11:02 AM ZSKS

FAX NO. 407 425 2747

P. 02/03

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PLEASE READ ALL INSTRUCTIONS BEFORE

02 OCT 17 PM 3:46

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000004233

1. Corporation Name

CWC MANAGEMENT, INC.

2. Principal Office Address

1190 N. Park Avenue

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

1190 N. Park Avenue

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

USA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/2000

5. FEI Number

59-3619192

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

Lowman, William R., Jr.

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

315 E. Robinson St #600

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

REGISTERED AGENT MUST SIGN

Date

10/15/02

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
DP	CHARLES W. CLAYTON JR.	1190 N. Park Ave	Winter Park FL 32789
D	JOAN B. CLAYTON	1190 N. Park Ave	Winter Park FL 32789
VP	CHARLES W. CLAYTON III	1190 N. Park Ave	Winter Park FL 32789
VP	COLE W. CLAYTON	1190 N. Park Ave	Winter Park FL 32789
S	CLAYTON W. CLAYTON	1190 N. Park Ave	Winter Park FL 32789
T	ELIZABETH HOPE CLAYTON	1190 N. Park Ave	Winter Park FL 32789

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: Charles W. Clayton, Jr., President

10/15/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

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Charles W Clayton Jr
5257-1

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : ZIMMERMAN, SHUFFIELD, KISER & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

CORPORATION REINSTATEMENT

CWC MANAGEMENT, INC.

Certificate of Status	1
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Estimated Charge	\$758.75

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