

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000084284

1. Corporation Name

C.W. CONSTRUCTION UNLIMITED INC.

2. Principal Office Address

1433 ATLANTIS DRIVE

3. Mailing Office Address

1433 ATLANTIS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

APOPKA, FL

Zip

32703

Country

USA

Zip

32703

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/2000

5. FEI Number

59-3664899

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 WALLACE, CRAIG

Street Address (P.O. Box Number is Not Acceptable) 1433 ATLANTIS DRIVE

Suite, Apt. #, Etc.

City APOPKA,

State
FL

Zip Code
32703

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

Craig Wallace

Date 1/31/03

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,D	CRAIG WALLACE	9427 BEAR LAKE CIRCLE	APOPKA, FL 32703

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:

Craig Wallace Craig Wallace, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

Date

407-448-2208

Daytime Phone #

03 FEB -5 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400011879014
02/05/03--01040--008 **900.00

REINSTATEMENT 02-03

CR2ED81 (10/02)