

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1 of 2  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 NOV -1 PM 2:23

DOCUMENT # P00000091829

1. Corporation Name

D-W SERVICES, INC.

Principal Place of Business

90 W. HICKPOOCHEE AVE.  
LABELLE FL 33935

Mailing Address

P.O. BOX 1211  
LABELLE FL 33975-1211



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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/26/2000

5. FEI Number 65-1049907

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DYESS, JO	P.O. BOX 1211	LABELLE FL 33975

000004693960-3  
11/26/01 01083-027  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DYESS, JO  
90 W. HICKPOOCHEE AVE.  
LABELLE FL 33935

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date OCTOBER 15, 2001

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCTOBER 15, 2001

Date (863) 475-9276 Daytime Phone #

2 of 2

D-W Services, Inc.  
P.O. Box 1211  
LaBelle, FL, 33975-1211

Katherine Harris  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

October 15, 2001

Dear Madam,

Please find enclosed our check for \$150 to reinstate D-W Services, as this has been our only notice that any fees for corporate continuance were due the state. Please accept our check and apology for any inconvenience this may have caused. Thank you for your time and consideration.

Sincerely,

  
Jo Dyess  
President