

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 APR 21 AM 8:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000099070

1. Corporation Name

DOUBLE W DESIGNS, INC.

Principal Place of Business

~~4115 RAY BURN ROAD~~
~~COCOA FL 32926-3530~~
555 Sawyer Avenue
Merritt Island, FL 32953

Mailing Address

POST OFFICE BOX 205
COCOA FL 32923-0205

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

555 Sawyer Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

Zip

32953

Country

Brevard

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/2000

5. FEI Number

59-3465851

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WILLIAMS, WILSON JR	2104 TWO LAKES RD #P4	TAMPA FL 33604
BM	JACKSON, MARY W	PO BOX 205	COCOA FL 32923
ST	ARLINE, WENONA W	7225 CRANE AVENUE #12 11429 Skimmer Court	JACKSONVILLE FL 32218-25

8. Name and Address of Current Registered Agent

JACKSON, MARY WILLIAMS
~~4115 RAY BURN ROAD~~ 555 Sawyer Avenue
~~COCOA FL 32926-3530~~ Merritt Island, FL 32953

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Mary Williams Jackson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 2/21/03

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:

Mary Williams Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/21/03 (321) 639-

Daytime Phone #

CP2E040 (8/02)

PO Box 205
Corona, N.J. 32923-0205

February 24, 2003

To Whom It May Concern
I did not receive second
Notice Annual reports/uniform
business reports.

Your cooperation concerning this
matter will be greatly appreciated.

Respectfully
Mary W. Jackson