

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P00000111546

Corporation Name

THE DLW GROUP, INC.

FILED

02 NOV -6 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1838 PARK AVE.
WESTON FL 33326

Mailing Address

1838 PARK AVE.
WESTON FL 33326

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

11/30/2000

5. FEI Number

65-1078456

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
D	WOOD, DAVID	1838 PARK AVE.	WESTON FL 33326

200008835692
11/06/02--01121--012 **150.00

8. Name and Address of Current Registered Agent

SADER, ROBERT L
1901 W. CYPRESS CREEK RD., SUITE 415
FT. LAUDERDALE FL 33309

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

11/1/02

CR2E040 (8/02)



Joseph G. Mott, Jr., P.A.
CERTIFIED PUBLIC ACCOUNTANT

October 29, 2002

Florida Department of State
Secretary of State
Division of Corporations
Tallahassee, FL 32399

RE: The DLW Group, Inc.
Reinstatement of Corporation
Document # P00000111546

To Whom It May Concern:

With regard to the application for reinstatement for The DLW Group, Inc., please consider the following:

The failure of our client to file the corporate annual report was inadvertent and not intentional, as the initial notice was never received. We respectfully request the state accept the original filing amount of \$150.

Thank you for your attention to this matter.

Sincerely,

Joseph Mott, CPA

Joseph G. Mott, Jr.
Certified Public Accountant