PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

♣ÄPPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P00000115774 **DOCUMENT #**

1. Corporation Name

JWR MANAGEMENT, INC.

Principal Place of Business

Mailing Address

714 SANDY POINT LANE

4714 SANDY POINT LANE

03 NOV -7 AM 8: 43

SECHETARY OF STATE TALLAHASSEE, FLORIDA

NORTH PALM BEACH FL 33410 NORTH PALM BEACH FL 33410 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida _.12/19/2000 5. FEI Number Applied For 65-1065255 Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED BURL. 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) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director 714-SANDY POINT-LN N-PALM BEACH FL 33410 RANIER, JOSEPH W ORLANDO, FL 32809 CURRENCY DN · 200024508472 11/07/03--01050--008 **150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent_ RAINERI, JOSEPH W 7595 CHARENCY DR-OPLANDO, FL 32809 Street Address (P.O. Box Number is Not Acceptable) -714 SANDY POINT LANE Suite, Apt. #, Etc. NORTH PALM BEACH PL 33410 City 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 REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JWR MANAGEMENT, INC.

Principal Place of Business 7595 Currency Drive Orlando, FL 32809 Mailing Address 1501 Lancer Drive Moorestown, NJ 08057

November 4, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Doc #P00000115774

Dear Sir/Madam:

With regard to the above Application of Reinstatement enclosed herewith, we respectfully request a <u>waiver of penalty</u> based on the following circumstances.

We moved from N. Palm Beach to Orlando and, for some reason, the first/original Annual Report package was not forwarded by the post office. The second/re-instatement notice was correctly forwarded. I called your office and was instructed to send this letter along with the normal \$150 fee.

You will note on the enclosed form that I have changed all addresses and, to avoid future problems, I have changed the mailing address to our New Jersey office where such matters are handled.

Additionally, you will find all prior year reports were filed timely. We appreciate your consideration and approval in this matter.

Should you need to discuss this matter further, please feel free to call me at 800-782-7999, ext. 116. Thank you very much.

Sincerely,

Joseph W. Ranieri

President