

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000003320**

1. Corporation Name

KBW INC.

Principal Place of Business

**4018 FIELDBROOK LANE
JACKSONVILLE FL 32223**

Mailing Address

**4018 FIELDBROOK LANE
JACKSONVILLE FL 32223**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2001

5. FEI Number

59-3698693

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
DP	WADE, KENNETH M	4018 FIELDBROOK LANE	JACKSONVILLE FL 32223
DST	WADE, REBECCA S	4018 FIELDBROOK LANE	JACKSONVILLE FL 32223

400023768264
10/13/03--01101--020 **150.00

8. Name and Address of Current Registered Agent

**JOSEPH, JOE M
4241 BAYMEADOWS RD., #5
JACKSONVILLE FL 32217**

9. Name and Address of New Registered Agent

Name

JOSEPH, JOE M.

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

6820 ST. AUGUSTINE RD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32217

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]
REGISTERED AGENT MUST SIGN

Date

10/10/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth M Wade 10/10/03 904 2924051

Date

Daytime Phone #

CR2E040 (7/03)

KBW, INC.
4018 FIELDBROOK LANE
JACKSONVILLE, FL 32223

OCTOBER 9, 2003

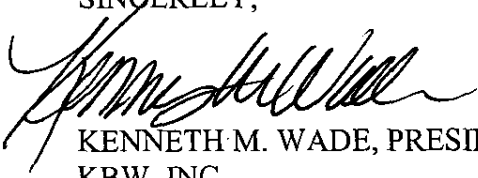
FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

RE: WAIVER PER INSTRUCTIONS

I HAVE NOT RECEIVED ANY CORRESPONDENCE NOR REPORTS FROM THE
STATE UNTIL THIS CURRENT "NOTICE OF ADMINISTRATIVE DISSOLUTION".
I AM THEREFORE REQUESTING A WAIVER OF THE REINSTATEMENT
PENALTY FEE AND ENCLOSING PAYMENT OF \$150 ALONG WITH THE
REPORT IN QUESTION.

YOUR CONSIDERATION IS APPRECIATED.

SINCERELY,

A handwritten signature in black ink, appearing to read "Kenneth M. Wade", is written over the word "SINCERELY,".

KENNETH M. WADE, PRESIDENT
KBW, INC.