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	Mailing Address
4018 FIELDBROOK LANE JACKSONVILLE FL 32223	4018 FIELDBROOK LANE JACKSONVILLE FL 32223

REINSTATEMENT 03

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

CR2E040 (7/03)

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 _____ Date 10/10/03
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 _____ Kenneth M Wade 10/10/03 904 2924051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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,

KENNETH M. WADE, PRESIDENT
KBW, INC.