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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 27 AM 9 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

801000036823

1. Corporation Name

W.L. WARE ENTERPRISES AND INVESTMENTS, INC.

2. Principal Office Address

1311 KIRK ST.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32808

Country

3. Mailing Office Address

1311 KIRK ST.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32808

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/2001

5. FEI Number

N/A

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID S. COHEN, ESQUIRE

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

5728 MAJOR BOULEVARD

Suite, Apt. #, Etc.

SUITE 550

City

ORLANDO

State

FL

Zip Code

32819

100024974921
11/24/03--01046--023 **\$900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1-5-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WARREN WARE	1311 KIRK STREET	ORLANDO, FL 32808

10. 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

Date

Daytime Phone #

1-5-04

CR2E081 (10/02)

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LAW OFFICES OF DAVID S. COHEN, LC

5728 Major Boulevard
Suite 550
Orlando, FL 32819
Tel: 407 354-3420
Fax: 407 354-3840

January 20, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: Ware Enterprises and Investments, Inc.

~~Ref: No: P01000036823~~

Dear Sir or Madam:

Enclosed please find the package previously tendered to you with a check in the amount of \$150.00 representing the additional fee per your letter dated December 1, 2003. If you have any questions or comments please do not hesitate to contact me at the number above.

Yours truly,


Maria Gabriela Poole
Legal Assistant