

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 16 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PD1000080501**

1. Corporation Name

**D & W Treats, Inc.**

2. Principal Office Address

**9641 Westview Drive**

3. Mailing Office Address

**11749 Watercrest Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Coral Springs, FL**

City & State

**Boca Raton, FL**

Zip

**33076**

Country

**Broward**

Zip

**33498**

Country

**Palm Beach**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/16/01**

5. FEI Number

**65-1129859**

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

**Warren Augustower**

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

**9641 Westview Drive**

Suite, Apt. #, Etc.

City

**Coral Springs**

State

**FL**

Zip Code

**33076**

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

*Warren Augustower*  
REGISTERED AGENT MUST SIGN

Date **6/12/03**

**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
P	Warren Augustower	11749 Watercrest Lane	Boca Raton, FL 33498

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:

*Warren Augustower*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/12/03**  
Date

**561-482-4562**  
Daytime Phone #

CR2E081 (10/02)

gr 6/16

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

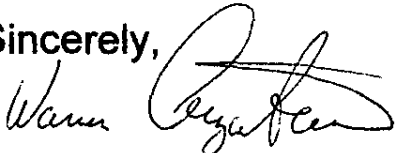
June 12, 2003

RE: FEI# 65-1129859  
D & W Treats, INC.

To whom it may concern,

Enclosed is my Corporation Reinstatement application form and a check for \$300.00. I have never recieved any annual report for 2002 and 2003 and I would appreciate if you can waive the additional fees. If you have any further questions you can call me at 561-482-4562.

Sincerely,

A handwritten signature in cursive script, appearing to read "Warren Augustower", written over a horizontal line.

Mr. Warren Augustower  
President