

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000038070**

1. Corporation Name

DW ACCESSORIES, INC.

Principal Place of Business

Mailing Address

6282 VIA PALLADIUM
BOCA RATON FL 33433

6282 VIA PALLADIUM
BOCA RATON FL 33433

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

04/08/2002

5. FEI Number

61-412371

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
D	WEISMAN, DEBORAH B	6282 VIA PALLADIUM	BOCA RATON FL 33433

100023969911

10/21/03--01061--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEISMAN, DEBORAH B
6282 VIA PALLADIUM
BOCA RATON FL 33433

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-15-03

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: *X*

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-15-03

Daytime Phone #

CR2E040 (7/03)

Sherri Musinsky
Certified Public Accountant
19212 Natures View Court
Boca Raton, Florida 33498

November 5, 2003

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

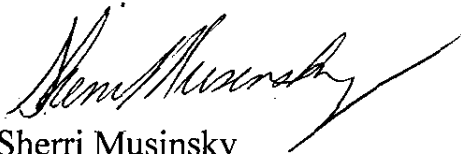
Re: DW Accessories, Inc.
Document# P02000038070

Dear Mr. Shivers,

As per our telephone conversation November 4, I am enclosing the completed Application For Reinstatement. The above corporation did not receive the annual report. We are therefore requesting abatement of all Penalties and interest. The \$150 check was received by you on October 21, 2003.

Thank you for your attention to this matter.

Very truly yours,


Sherri Musinsky