

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 27 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000073904*

1. Corporation Name

*PPW Holdings, Inc.*

2. Principal Office Address

*631 SE 18<sup>th</sup> AVE*

Suite, Apt. #, etc.

City & State

*Pompano Beach, FL*

Zip

*33060*

Country

*USA*

3. Mailing Office Address

*631 SE 18<sup>th</sup> AVE*

Suite, Apt. #, etc.

City & State

*Pompano Beach, FL*

Zip

*33060*

Country

*USA*

**REINSTATEMENT** *03*

4. Date Incorporated or Qualified  
To Do Business in Florida

*7/3/2002*

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**7. Name and Address of Current Registered Agent**

Name

*Paul J Anusavice*

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

*631 SE 18<sup>th</sup> AVE*

Suite, Apt. #, Etc.

City

*Pompano Beach*

State

*FL*

Zip Code

*33060*

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

*Paul Anusavice*

Date *10/23/03*

REGISTERED AGENT MUST SIGN

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
<i>PD</i>	<i>Paul J Anusavice</i>	<i>631 SE 18<sup>th</sup> AVE</i>	<i>Pompano Beach, FL 33060</i>

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:

*Paul Anusavice* / *PAUL ANUSAVICE* *10/23/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

*7/10/30*

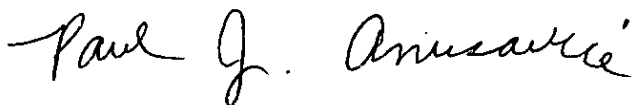
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

October 23, 2003

Re: PPW Holdings, Inc. #P02000073904

Please note that due to a change of my address in 2003 I did not receive the annual Uniform Business report, my new address is listed on the Corporation Reinstatement form. I am requesting that you waive all penalties for reinstatement and accept the attached check for \$150.

Sincerely,

A handwritten signature in cursive script that reads "Paul J. Anusavice".

Paul J Anusavice  
Director