

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP -3 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000098390

1. Corporation Name

LW Framing, Inc.
228 E. Holly Drive
Orange City, FL 32763

2. Principal Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

54-2074587

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

Lester H. Willitts

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

228 E. Holly Drive

Suite, Apt. #, Etc.

City

Orange City

State

FL

Zip Code

32763

300040809713

09/03/04--01050--003 **300.00

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

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/S	Lester H. Willitts	228 E Holly Drive	Orange City, FL 32763

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:

Lester Willitts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-19-04

Daytime Phone #

386-804-1521

CR2E081 (10/02)

To whom it may concern,

I Lester Willets never
received anything in the mail to
refile. I need to get reinstated. I
called back in May and was told
to let your office know in writing
that I never received any paper
work to file. I was told the fee
would be \$300. I am enclosing
this \$300.00 fee with this letter and
paper work you sent me all filled
out & completed. If I need to do
anything else to be reinstated please
let me know. Thank You

Lester Willets

228 E. Holly Dr.
Orange City FL 32763