			•	4	
PLEASE READ AL	L INSTRUCTIONS E	BEFORE COM	IPLETING THIS FOR	RM.	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS		FILED 03 OCT 21 PM 1:19		
DOCUMENT # P02000112818		- "-			
			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
EWS, INCORPORATED			TALLAMASSEL		
Principal Place of Business	Mailing Address				
OST OFFICE BOX 43459 CKSONVILLE FL 32202-3459 DACKSONVILLE FL 32202-3459 DACKSONVILLE FL 32202-3459			Engo i a i Eine	EN 203	
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			Date Incorporated or Qualified	```.	
P.O. BOX 43459	. BOX 43459 P.O. BOX 43459		4. Date Incorporated or Qualified To Do Business in Florida 10/18/2002		
		,	FEI Number	Applied For	
City & State		6.	<i>261655927</i>	Not Applicable	
Zip 32203-3459 Country 2ip 32203-3459 Country 4.5.A.		■ = "	CERTIFICATE OF STATUS DESIRED N	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or [Director (Florida nonprofit corporation	ns must list at least 3 di	irectors)		
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
PETREY, MARK A	POST OFFICE BOX	POST OFFICE BOX 43459		JACKSONVILLE FL-32202	
D PETREY, MICHELLE	POST OFFICE BOX	OST OFFICE BOX 43459		JACKSONVILLE FL 32202	
PLO PETREY, MARK A		P.O. BOX 43459		WE, FL. 32203	
S/D PETREY, MICHELL	E P.O. BOX	P.O. BOX 43459		LE, FL. 32203 LE, FL. 32203	
			400023982 1 0/21/03-01118-01		
8. Name and Address of Current Reg	pistered Agent	9 <u>.</u> N	lame and Address of New Regist	ered Agent	
ONE INDEPENDENT DRIVE		Name			
		-Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
JACKSONVILLE FL 32202	<u>. </u>				
		City State Zip Code		State 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 Day Office 10/13/03

REGISTERED AGENT MUST SIGN

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: MANK PETREY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

10/13/03

904-699-5419



October 14, 2003

Florida Department of State Glenda E. Hood, Secretary of State Division of Corporations

: '

Re: EWS Inc., Document # P02000112818

Dear Sirs:

Please be advised that I received the document advising dissolution/revocation of my business. The application for reinstatement advises that there were 2 previous notices prior to the dissolution or revocation however we have not received such notices. It could possibly be due to the fact that the preprinted zip code on the application is incorrect. It has been corrected on this application of reinstatement.

I have a new business which was just incorporated in October of 2002. I used the services of an attorney to become incorporated and to take care of the legal aspects. I was unaware that I needed to have an annual report or uniform business report filed by September. Perhaps that was an oversight on my part. However, if I had received the notices sent by the state, I would have most definitely complied.

I have made notes and am fully aware of the filing requirements and dates for the coming years. The application has been signed by the company agent. With this advised and the correction of our zip code made on the application, please consider this letter to file for the reinstatement fee of \$150.00.

Should you have any questions, I may be reach at (904)699-5419. Your consideration is appreciated.

Sincerely, Male Potree

Mark Petrey President, EWS Inc.

Copy: file