

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV 22 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03000026898**

**1. Corporation Name**

P.W. CONSULTING GROUP, INC.

**2. Principal Office Address**

2478 S. RIDGE ROAD

Suite, Apt. #, etc.

**3. Mailing Office Address**

2478 S. RIDGE ROAD

Suite, Apt. #, etc.

**City & State**

DELRAY BEACH, FL

**City & State**

DELRAY BEACH, FL

**Zip**

33444

**Country**

USA

**Zip**

33444

**Country**

USA

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

3/6/03

**5. FEI Number**

56-2332844

**Applied For**

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

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

**Name**

DOUGLAS J. ANISKY

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

2478 S. RIDGE ROAD

**Suite, Apt. #, Etc.**

**City**

DELRAY BEACH, FL

**State**

FL

**Zip Code**

33444

**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/D	DOUGLAS J. ANISKY	2478 S. RIDGE ROAD	DELRAY BEACH, FL 33444

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

11/18/05 561 305 0616

# P.W. Consulting Group, Inc.

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November 18, 2005

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Reinstatement of P.W. Consulting Group, Inc.  
Document Number P03000026898

Ladies and Gentlemen:

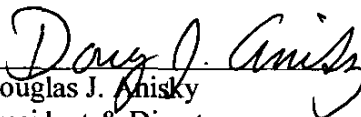
Please be advised that during the year 2004, I did not receive any notices for renewal or dissolution of P.W. Consulting Group, Inc. due to employment opportunities outside of the United States, primarily in Costa Rica.

My bank has only recently brought to my attention that this corporation was administratively dissolved for lack of filing an annual report in 2004. I had assumed my accountant had taken care of this when he filed my income taxes, but he claims I never provided him with the information and assumed that I had already taken care of it.

In view of these circumstances and pursuant to my conversation with one of your representatives, I request that the \$600 reinstatement fee be waived. Enclosed is the application for Corporation Reinstatement along with a check for \$308.75 to cover the annual report, supplemental, and certificate of status fees.

Please reinstate P.W. Consulting Group, Inc. as soon as possible. Thank you for your assistance and forbearance in this matter.

Sincerely yours,

  
Douglas J. Anis  
President & Director