

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 25 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P030000 83594**

1. Corporation Name

CDWA CO

REINSTATEMENT 04-05

2. Principal Office Address

705 FAIRVIEW DR

Suite, Apt. #, etc.

City & State

FT. WALTON BCH, FL

Zip

32547

Country

USA

3. Mailing Office Address

←

Suite, Apt. #, etc.

City & State

←

Zip

←

Country

←

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 30 2003

5. FEI Number

05-0580413

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

ANDREW SCHMIDT JR.

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

705 FAIRVIEW DR

Suite, Apt. #, Etc.

City

FORT WALTON BEACH

State

FL

Zip Code

32547

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **21 APR 05**

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	ANDREW SCHMIDT JR.	705 FAIRVIEW DR.	FT. WALTON BCH., FL 32547
VP	"	"	"
S	"	"	"
T	"	"	"

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:

H. ANDREW SCHMIDT, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

21 APR 05

Daytime Phone #

561-719-3336

CR2E081 (01/05)

21 April 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
Re-Instatement Section
P.O. Box 6327
Tallahassee, FL 32314

CDWA CO
705 Fairview Drive
Fort Walton Beach, FL 32547
561.719.3336 (cell)
cdwaco@yahoo.com

To Whom It May Concern:

I am writing you to inform you that my address has changed and I never received the notices that I owe you \$150.00 per year. I'm sending you \$300.00 to cover 2004 and 2005.

Please change my address in your records section and accept my apology for the late fees.

I'm also dropping the Fictitious Name "SAFE E-CANDLE" and only using "CDWA CO". The registration # for "SAFE E-CANDLE" is; G03211900199. The previous address was 1732 S. Congress Ave. #327, Palm Springs, FL 33461.

If you have any questions you may contact me at the number above.

Thank you

A handwritten signature in black ink, appearing to read "ASJ", with a long horizontal line extending to the right.

Andrew Schmidt Jr.