

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAY -6 PM 2: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000101747

1. Corporation Name

JW THAU ENTERPRISES, INC

2. Principal Office Address - No P.O. Box #

3551 NW 61 CIRCLE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33496

Country

USA

3. Mailing Office Address

40 BERNGARD  
6421 CONGRESS AVE

Suite, Apt. #, etc.

207

City & State

BOCA RATON, FL

Zip

33487

Country

USA

700128568307

05/06/08--01009--014 \*\*600.00

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

7/20/04

5. FEI Number

03 0545867

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

BERNGARD + ASSOCIATES INC

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

6421 CONGRESS AVENUE

Suite, Apt. #, Etc.

SUITE 207

City

BOCA RATON

State

FL

Zip Code

33487

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 5-1-08

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
Pres	JOHN W. THAU	3551 NW 61 CIRCLE	BOCA RATON, FL 33496

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 contained in Chapter 119, 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

JOHN W. THAU 5-1-08

Date

Daytime Phone #

B. Mitchell MAY 6 2008