

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

06 OCT -2 AM 11:04

CR2E081 (12/05)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000101757

1. Corporation Name
EGMW, Inc.

2. Principal Office Address 2600 HAMMONVILLE RD Suite, Apt. #, etc. BAY 34 City & State POMPANO BEACH, FL Zip 33069 Country USA		3. Mailing Office Address 2600 HAMMONVILLE RD Suite, Apt. #, etc. BAY 34 City & State POMPANO BEACH, FL Zip 33069 Country USA	
--	--	--	--

4. Date Incorporated or Qualified To Do Business In Florida **7/18/04**

5. FEI Number **20-1336345** 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 **ERIC DEWOLF**

Street Address (P.O. Box Number is Not Acceptable)
2600 HAMMONVILLE RD

Suite, Apt. #, Etc.
BAY 34

City **POMPANO BEACH** State **FL** Zip Code **33069**

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 **Eric Dewolf** Date **9/28/06**

REGISTERED AGENT MUST SIGN

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.	ERIC DEWOLF	2600 HAMMONVILLE RD	POMPANO BEACH, FL 33069

500080344445
10/02/06--01005--005 **908 75

REINSTATEMENT 05/06/cus

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: **Eric Dewolf** Date **9/28/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #