

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
06 OCT -2 AM 11:04

**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

CR2E081 (12/05)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/28/06

Daytime Phone #

10/12