1072

## 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPHOVE: AND FILED

DOCUMENT # P04000142727 06 MAR 31 AM 8: 57 1. Entity Name <sup>(</sup>C.W.O.L., INC. SECRETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1345 15TH STREET **1345 15TH STREET** 05-06 BSC ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 2. Principal Place of Business 3. Mailing Address 2700 Enterprise Road Suite, Apt. #. etc. 3081 Cat Tail Lane Suite, Apt. #, etc 03282006 CR2E098 (11/05) RFIN-P City & State City & State Applied For 4 FEI Number Orange Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32713 32763 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Morales Martin MORALES, MARTIN Street Address (P.O. Box Number is Not Acceptable) 1345 16TH STREET ORANGE CITY, FL 32763 3081 City This statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above gamed entity solemits the obligation FILE NOW!!! FEE IS \$900.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP DP TITLE ☐ Delete TITLE Change ☐ Addition Momles, Martin NAME MORALES, MARTIN NAME 3081 Cat Tail Lane STREET ADDRESS 1345 15TH STREET STREET ADDRESS CITY-ST-ZIP ORANGE CITY, FL 32763 CITY-ST-ZIP Debary FL 32713 ST ☐ Delete TITLE TITLE ☐ Addition MORALES, JOSEFINA Morales Josefina NAME NAME STREET ADDRESS 1345 15TH STREET STREET ADDRESS 3081 Caf Tail Lane CITY-ST-ZIP ORANGE CITY, FL 32763 CITY-ST-7IP Debary FL 32713 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 500069976595 04/10/06--01089--009 \*\*150.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like emplowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ATURE AND THE PRINTED NAME OF SIGNING OFFICED OR DIRECTOR MOTTALES 3/8/06

386-775-7866

To whom it may concern,

This letter is in reference to the filing of our Corporate Annual Reports for our three corporations (C.W.O.L., inc., A Child's World of Learning, inc., and J.M.N. rentals, inc.). When we tried to file online we were unable to so I called your offices and the gentleman I spoke to said that our corporations had been dissolved because we did not provide a correct FEI number for them. He then acknowledged that we had paid the fees for 2005 and the checks had been cashed. We never received any notices to correct the FEI numbers because they were sent to the wrong address. He also advised me to write this letter so that the reinstatement fee would be waived. Enclosed is a check for each corporation in the amount of \$150.00 and totaling \$450.00 for the 2006 filing. Thank You very much in advance. If you have any questions, please don't hesitate to call. My phone number is 386-775-7866.

Kind Regards,

Joel Morales