

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000007458

1. Entity Name
IWDI, INC.



FILED

08 OCT 22 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11929 EAST COLONIAL DR
SUITE 166
ORLANDO, FL 32826

Mailing Address
11929 EAST COLONIAL DR
SUITE 166
ORLANDO, FL 32826

2. Principal Place of Business - No P.O. Box #
4420 Metric Drive

3. Mailing Address
4420 Metric Drive

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.
Suite C

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32792

Country
USA

Zip
32792

Country
USA



REINSTATEMENT 2008
10162008 REIN-P CR2E098 (1007)

4. FEI Number
20-2160722

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENDELEWICZ, JARED S
11929 EAST COLONIAL DR
SUITE 166
ORLANDO, FL 32826

Name
MENDELEWICZ, JARED S.

Street Address (P.O. Box Number is Not Acceptable)
4420 METRIC DR SUITE C

City
WINTER PARK

FL

Zip Code
32792

8. The above named entity submits 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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/17/08

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MENDELEWICZ, JARED S
4010 WILLOW RUN
PALM BEACH GARDENS, FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MENDELEWICZ, JARED S
4420 METRIC DRIVE SUITE C
WINTER PARK, FL 32792 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300137165993
10/22/08--01024--011 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 or 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/08 561-601-7404