

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN -8 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-07



01022007 REIN-P CR2E098 (11/05)

4. FEI Number 202286723 Applied For Not Applicable

5. Certificate of Status Desired **\$3.75** Additional Fee Required

DOCUMENT # P05000030826

1. Entity Name
DW GILDART, INC.



Principal Place of Business
222 W COMSTOCK AVE STE 221
WINTER PARK, FL 32789

Mailing Address
222 W COMSTOCK AVE STE 221
WINTER PARK, FL 32789

2. Principal Place of Business

1807 E. WINTER PARK ROAD

3. Mailing Address

1807 E. WINTER PARK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32803

Country

ORANGE

Zip

32803

Country

ORANGE

6. Name and Address of Current Registered Agent

GILDART, DAVID W
931 POINCIANA LN
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

David Gildart

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

(NOTE: Registered Agent signature required when reinstating)

1/2/07

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	GILDART, DAVID W	931 POINCIANA LN	WINTER PARK, FL 32789	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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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 information.

SIGNATURE:

David Gildart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/07

DATE

407-629-8989

Daytime Phone #

1000