

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 17 AM 8:01

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P05 0000 59 711*

1. Corporation Name

J D W INTERNATIONAL COMPANY

2. Principal Office Address - No P.O. Box #

6700 SW 164 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33193

Country

USA

3. Mailing Office Address

14754 SW 113TH ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33196

Country

USA

900139095039
12/17/08--01024--011 **458.75
REINSTATEMENT 06-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-22-05

5. FEI Number

20-2768179

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

John D. Weissfisch

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

6700 SW 164 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date

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
P/D	<i>John D. Weissfisch</i>	<i>6700 SW 164 AVE</i>	<i>MIAMI FL 33193</i>
S/T/D	<i>Stella Weissfisch</i>	<i>14754 SW 113TH ST</i>	<i>MIAMI FL 33196</i>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/17/08