

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000159929

1. Corporation Name

C.W.M. TRADERS, INC

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

203 SCOTT AVE

3. Mailing Office Address

847 NW 119 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 205

City & State

LEHIGH ACRES, FL

City & State

MIAMI, FLORIDA

Zip

33936- 2120

Country

LEE

Zip

33168

Country

DADE

7. Name and Address of Current Registered Agent

Name

TERRY MACOON

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

203 SCOTT AVE

Suite, Apt. #, Etc.

City

LEHIGH ACRES, FL

State

FL

Zip Code

33971-2120

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

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	TERRY MACOON	203 SCOTT AVE	LEHIGH ACRES, FL 33971
VPS	SUSAN LESALDO-MACOON	203 SCOTT AVE	LEHIGH ACRES, FL 33971

REINSTATEMENT

RH

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-09

Daytime Phone #

305-685-5918

FILED

09 OCT 19 AM 8:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

400161892984
10/19/09--01042--009 **300.00

CR2E081 (12/08)

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

**5. FEI Number
54-2188775**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required
for a Certificate of Status**

☒ 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.