

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000103555

1. Corporation Name

M W E, INC

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

1184 Stonehedge Trail Lane

Suite, Apt. #, etc.

City & State

St Augustine, FL

Zip

32092

Country

United States

3. Mailing Office Address

1184 Stonehedge Trail Lane

Suite, Apt. #, etc.

City & State

St Augustine, FL

Zip

32092

Country

United States

7. Name and Address of Current Registered Agent

Name

Micahel W Evans

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

1184 Stonehedge Trail Lane

Suite, Apt. #, Etc.

City

St Augustine

State

FL

Zip Code

32092

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/2007

5. FEI Number

36-4619220

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.

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 03/30/2010

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
DPTS	Michael W Evans	1184 Stonehedge Trail Lane	St Augustine, FL 32092

REINSTATEMENT

M. MILLIGAN
EXAMINER

MAY -7 2010

10. E-mail Address: mwevans730@yahoo.com

(To be used for future annual report notification)

11. 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, I further certify 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:

Michael W Evans

03/30/2010 904-607-0402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #