

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 MAR 12 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **994000001563**

1. Corporation Name

LMW GROUP, INC

Principal Place of Business

Mailing Address

**11740 S.W. 3rd St.
Ft. Lauderdale, Fl. 33325**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-30-1993

5. FEI Number

65-0462010

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	McBride, Walter K	2680 Arbor Dr.	Ft. Lauderdale, Fl 33312
D	McBride, Michael K	2684 Arbor Dr.	Ft. Laud, Fl 33312
D	Eisenberg, Lee J	11740 S.W. 3rd Street	Ft. Laud, Fl 33325

REINSTATEMENT

8. Name and Address of Current Registered Agent

**McBride, Walter K
2680 Arbor Dr.
Fort Lauderdale, Fl 33312**

9. Name and Address of New Registered Agent

Name **XXXXX Eisenberg, Lee J.**
Street Address (P.O. Box Number is Not Acceptable)
11740 S.W. 3rd St.
Suite, Apt. #, Etc.
City **Fort Lauderdale** State **FL** Zip Code **33325**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Lee Eisenberg
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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

Daytime Phone #

CR2E040 (12/96)