

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 FEB 16 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

LMW Group Inc.

2. Principal Office Address

3550-3780 NW 91 Lane

Suite, Apt. #, etc.

3. Mailing Office Address

3101 NW 16 TERR

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33351

Country

U.S.

City & State

Pompano Beach, FL

Zip

33064

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

12-30-1993

5. FEI Number

650462010

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

WALTER MCBRIDE

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

3101 NW 16 TERR

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

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

Walter McBride

REGISTERED AGENT MUST SIGN

Date 2-14-01

LS

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
D	WALTER MCBRIDE	3101 NW 16 TERR	Pompano Beach, FL 33064
D	Michael MCBRIDE	3101 NW 16 TERR	Pompano Beach, FL 33064
D	LEE Eisenberg	3101 NW 16 TERR	Pompano Beach, FL 33064

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 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:

Walter McBride

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-01

Date

954-956-0151

Daytime Phone #

CR2E081 (9/00)

TO: DIVISION OF CORPORATIONS  
STATE OF FLORIDA.

2012  
2/14/01

FROM: LMW GROUP, INC.  
3101 N.W. 16 TERR.  
POMPANO BEACH, FL. 33064

DUE TO INCORRECT MAILING ADDRESS  
WE DID NOT RECEIVE THE RENEWAL APPLICATION  
FOR THE YEAR 2000 OR 2001.

Walt McBride  
WALT MCBRIDE