

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000063439

1. Corporation Name

J.W.C.W., INC.

Principal Place of Business

9108 BONITA BEACH RD.
SUNSHINE PLAZA
BONITA SPRINGS FL 34135
US

Mailing Address

4575 KEY LARGO LANE
BONITA SPRINGS FL 34134
US

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

2. New Principal Office Address, If Applicable

3465 BONITA BCH RD
SW

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

BONITA SPRGS FL

Zip

34134

Country

US

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1994

5. FEI Number

65-0518613

Applied For

Not Applicable

6.

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)

Title(s)	1	Name of Officers and/or Directors	2	Street Address of Each Officer and/or Director	3	City / State / Zip	4
P		WILDER, CAROLYN L		4575 KEY LARGO LN.		BONITA SPRINGS FL 34134	
VST		WILDER, JAMES F JR		4575 KEY LARGO LN.		BONITA SPRINGS FL 34134	

8. Name and Address of Current Registered Agent

WILDER, CAROLYN L
4575 KEY LARGO LANE
BONITA SPRINGS FL 34134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Carolyn L Wilder
REGISTERED AGENT MUST SIGN

Date

8-6-03

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 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:

James F. Wilder Jr.
V.P.
JAMES F. WILDER JR

Date

8/6/03

Daytime Phone #

(239)
770 7541

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

99,00,01,22,03



CR2E040 (3/99)