

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 OCT 20 PM 1:10

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000035373

PWL Management Group, Inc.
816 Sandringham Ln.
Lutz, FL 33549

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified
To Do Business in Florida
May 5, 1995

5. FEI Number

XX

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, D	Perry Limes	816 Sandringham Ln.	Lutz, FL 33549
D	Terrence Tomlin	3719 LasPalmas Ct., #111	Tampa, FL 33634
D	Tony Covington	11922 Keating Dr.	Tampa, FL 33626
			000002328290-8
			-10/23/97-01089-001
			****915.00 ****915.00
			REINSTATEMENT 96-97
			56,10-22-97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Timothy A. Andreu
101 E. Kennedy Blvd.
Suite 2900
Tampa, FL 33602

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

Suite 3000
City

State

Zip

FL.

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

Timothy A. Andreu
REGISTERED AGENT MUST SIGN

Date

10/8/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in Chapter 807 or 817, 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 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Perry W. Limes

Date 10-8-97

Daytime Phone # 813-933-2719

typed or printed name of signing officer or director

Perry W. Limes