

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 FEB 14 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000049982

1. Corporation Name

M.W.C. ENTERPRISES, INC.

2. Principal Office Address

P.O. Box 1442

Suite, Apt. #, etc.

LA

City & State

LAND O' LAKES FL

Zip

34639

Country

USA

3. Mailing Office Address

P.O. Box 1442

Suite, Apt. #, etc.

-

City & State

LAND O' LAKES FL

Zip

34639

Country

USA

**REINSTATEMENT**

0709

4. Date Incorporated or Qualified  
To Do Business in Florida

11 June 96

5. FEI Number

59-3389372

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JOHN W. MACKAY

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

201 SOUTH WESTLAND AVE

Suite, Apt. #, Etc.

TAMPA, FL 33606

City

TAMPA FL 33606

State

FL

Zip Code

33606

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 03 Feb 00

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
P, D	MICHAEL S. SORRELL	7412 RICHMOND STREET	WESLEY CHAPEL, FL 33544

**LS**

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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 Feb 00

Date

Daytime Phone #

CR2E081 (9/99)