

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P97000003957

1. Corporation Name
CWJ ASSOCIATES, INC.

Principal Place of Business
2700 N 29TH AVE
206
HOLLYWOOD FL 33020

Mailing Address
2700 N 29TH AVE
206
HOLLYWOOD FL 33020

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	4. Date Incorporated or Qualified To Do Business in Florida 01/14/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0734419
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SPIERER, CHARLES	2750 N. 39TH AVENUE	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent BLUTSTEIN, GEORGE J ESQ 4700 B Shender St Hollywood FL 33021	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
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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
REGISTERED AGENT MUST SIGN

Date 10/17/01

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)(l), 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 #

C W J Associates Inc.

2700 No. 29 Ave. #206. Hollywood, FL 33020. (954)920-5007. (800)756-8687. Fax (954)926-5595

October 18, 2001

FLORIDA DEPARTMENT OF STATE

Attn: KATHERINE HARRIS, Secretary of State

RE: Corporate Annual Report
CWJ Associates, Inc. FEI #65-0734419

We never received the first mailing of the corporate annual report for the above corporation or we would have filed it before May 1, 2001

Please accept our \$190 payment and waive the late penalty. We apologize and appreciate your consideration in this matter.

Respectfully yours,



Charles Spierer
President