

182  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN -1 AM 8:00

DOCUMENT #

P 97000003957

1. Corporation Name

CWJ ASSOCIATES, INC.

2. Principal Office Address

5820 Stirling Road

Suite, Apt. #, etc.

3. Mailing Office Address

S/A

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/14/97

5. FEI Number

650734419

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

Charles Spierer

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

5820 Stirling Road

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

*Charles Spierer*

REGISTERED AGENT MUST SIGN

Date 5/28/04

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
Pres.	Charles Spierer	5820 Stirling Road	Hollywood, FL 33021

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: Charles Spierer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 954-920-5007

Date

Daytime Phone #

CR2E081 (01/04)

Jun 08 04 01:56p

tours by charlie

954-925-9256

p.2

292

## *Tours by Charlie*

5820 Stirling Road Hollywood, Fl. 33021 Ph. 954-920-5007 1-800-755-8687 Fax: 954-925-9256

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

JUNE 7, 2004

ATT: RUBY DUNLAP

SUBJECT: ANNUAL REPORT FOR 2003.

CWJ ASSOCIATES, INC DOCUMENT P 97000003957

I HAVE MAILED YOU BACK THE FORMS YOU SENT US, I EVEN CALLED,  
BECAUSE THEY WERE THE SAME FORM, I MAILED ON MAY 4<sup>TH</sup>.

I WAS TOLD TO FILL THEM IN AND ALSO SEND THE LETTER YOU SENT.

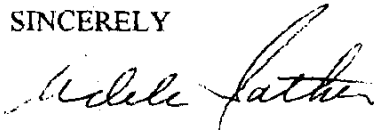
WE HAVE NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR 2003.

WE ARE ASKING YOU TO WAIVE THE REINSTATEMENT FEE

I HOPE THIS IS SUFFICIENT ENOUGH TO END THIS PROBLEM.

I AM ALSO ENCLOSING PREVIOUS COMMUNICATION.

SINCERELY



ADELE SATHER



OWNER AND PRESIDENT

CHARLES SPIERER