

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P 97000066742**

1. Corporation Name

HWR, Inc.

FILED

99 MAR -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

98-99
20

Principal Place of Business

Mailing Address

**18901 SAN CARLOS BLVD
FT MYERS BEACH
FL 33931**

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

2. New Principal Office Address, If Applicable
4947 TAMiami TRAIL N.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **SUITE 203**

Suite, Apt. #, etc. **SAME**

City & State **NAPLES FL**

City & State

Zip **34103** Country **USA**

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **07-29-1997**

5. FEI Number **65-0772737**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CHIRMAN	GLENN E. GRANT	612 EASTWOOD Dr	NAPLES FL 33942
DIR	WM M. GRANT	102 NO HARVARD BL	LOS ANGELES CALIF 90004
SEC.	ERIC P. GRANT	15890 LYONS VALLEY RD	JAMUL CALIF. 91935

100002789341-2
-03/09/99--01056--026
***908.75 ***908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SCOTT BARNES
18901 SAN CARLOS BLVD
FT. MYERS FL
33931**

Name **GLENN E. GRANT**
Street Address (P.O. Box Number is Not Acceptable)
**4947 TAMiami TRAIL N.
SUITE 203**
City **NAPLES** State **FL** Zip Code **34103**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **2/25/99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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]

ERIC P. GRANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/23-99**

619/
669-0120
Daytime Phone #

CR2081 (12-98)