

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 18 PH 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000081484

1. Corporation Name
NWM SALES INC.

[Handwritten initials]

REINSTATEMENT 99-00

2. Principal Office Address
2632 HOLLYWOOD BLVD

Suite, Apt. #, etc.
300

City & State
HOLLYWOOD FL

Zip 33020 Country BROWARD

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
11

City & State
11

Zip 11 Country 11

4. Date Incorporated or Qualified To Do Business in Florida 9-2-97

5. FEI Number 65-0786292 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
NEIL B. WOLFER

Street Address (P.O. Box Number is Not Acceptable)
10101 BELLA VISTA AVE

Suite, Apt. #, Etc.

City Pembroke Pines

State FL Zip Code 33331

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 5/22/00

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
<u>Pres.</u>	<u>NEIL B. WOLFER</u>	<u>2632 HOLLYWOOD BLVD</u> <u>300/10-300</u>	<u>HOLLYWOOD FL 33020</u>
			<u>600003299386--1</u> <u>-05/21/00--01087--004</u> <u>****900.00 ****900.00</u>

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]* NEIL B. WOLFER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/22/00 Daytime Phone # 954 925 9955

CR2E081 (9/99)