

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000085842**

1. Corporation Name

DW ENTERPRISES OF TAMPA BAY, INC.

Principal Place of Business

4302 E 10TH AVE
STE 105
TAMPA FL 33605
US

Mailing Address

4302 E 10TH AVE
STE 105
TAMPA FL 33605
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/1997

5. FEI Number

59-3470678

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LOWE, JAMES W	15401 LAKE MAGDALENE DR	TAMPA FL 33613
D/M	MARID G CUMBA	513 EASTWAY DR	WAKELAND FL 33803
P	STEVEN CARDPOND	1262 GLENCREST DR	HEATHRIDGE FL 32746
			700004678467--7
			11/14/01 01021 026
			****758.75 ****758.75
			REINSTATEMENT 01 78

8. Name and Address of Current Registered Agent

LOWE, JAMES W
15401 LAKE MAGDALENE DR
TAMPA FL 33613

9. Name and Address of New Registered Agent

Name
MARID G CUMBA
Street Address (P.O. Box Number is Not Acceptable)
513 EASTWAY DR
Suite, Apt. #, Etc.
City
WAKELAND State
FL Zip Code
33803

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 **10-24-01**

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)(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]* **MARID G CUMBA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-24-01 (813) 241-4505**
Daytime Phone #

CR2E040 (8/01)