

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY 13 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000006617

1. Corporation Name

DW CONSULTING, INC., c/o LEVINE JACOBS & CO

100037287391

05/25/04--01010--022 \*\*900.00

99-04

2. Principal Office Address

3. Mailing Office Address

333 EISENHOWER PARKWAY

333 EISENHOWER PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LIVINGSTON, NJ

LIVINGSTON, NJ

Zip

Country

Zip

Country

07039

ESSEX

07039

ESSEX

4. Date Incorporated or Qualified

05/25/04--01010--022 \*\*900.00

5. FEI Number

22-3565443

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

DON ACKERMAN

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

19649 OAKBROOK CT

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33434

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

REGISTERED AGENT MUST SIGN

Date

5/10/04

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

P/T/S

DON ACKERMAN

19649 OAKBROOK CT

BOCA RATON, FL 33434

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:

DON ACKERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #