

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JUL 19 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000018308

1. Corporation Name

P.W.S. INC.

Principal Place of Business

9 OSCAR HILL ROAD
TARPON SPRINGS FL 34689

Mailing Address

9 OSCAR HILL ROAD
TARPON SPRINGS FL 34689

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1998

5. FEI Number

59-3498489

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	4 City / State / Zip
President	Philip Wayne Slaughter	5345 Marine Parkway	New Port Richey FL 34652
			59-3498489-3
			-08/08/00--01073--013
			****900.00 ****900.00

8. Name and Address of Current Registered Agent

ACCOUNTING AND TAX HELP, INC.
8668 PARK BLVD.
SUITE A
SEMINOLE FL 33777

9. Name and Address of New Registered Agent

Name Philip Wayne Slaughter
Street Address (P.O. Box Number is Not Acceptable)
9 Oscar Hill Rd
Suite, Apt. #, Etc.
City Tarpon Springs
State FL Zip Code 34689

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

Philip Wayne Slaughter
REGISTERED AGENT MUST SIGN

Date 12-28-99

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:

Philip Wayne Slaughter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-99

Date Daytime Phone #

727-938-5951