

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 24 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2001-2002 UBR

CORPORATION 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000045363			
1. Corporation Name NWM INC.			
2. Principal Office Address 5832 N. Suncoast Blvd Suite, Apt. #, etc.		3. Mailing Office Address 5832 N. Suncoast Blvd Suite, Apt. #, etc.	
City & State Crystal River, FL		City & State Crystal River, FL	
Zip 34428	Country U.S.	Zip 34428	Country U.S.

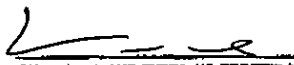
4. Date Incorporated or Qualified To Do Business In Florida 05-18-98	
5. FEI Number 59-3513585	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

7. Name and Address of Current Registered Agent	
Name Thomas Trask	
Street Address (P.O. Box Number is Not Acceptable) 595 Main Street	
Suite, Apt. #, Etc.	
City Duneedin	State FL
Zip Code 34698	

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 	Date 6/20/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres. Tr.	Wayne H. Moore Jr.	5832 N. Suncoast Blvd	Crystal River, FL 34428

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)(f), 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.
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SIGNATURE:  **Wayne H Moore Jr** 5-11-12 352-544-2386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CCE0301 (2/01)

2 of 2

M.W.M. INC.

5832 NORTH SUNCOAST BLVD

CRYSTAL RIVER, FL. 34428

OFFICE 352- 564 – 2386

FAX 352- 564 – 1792

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

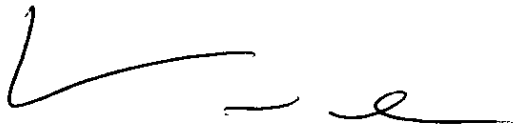
409 EAST GAINES ST.

TALLAHASSEE, FL. 32399

JUNE 19, 2002

**MWM INC did not receive previous notices due to a change in address.
The new address and telephone number are listed above.**

Thank you



Wayne H. Moore Jr.