PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 JUN 24 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION [redacted]

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

DOCUMENT # P98000045363

1. Corporation Name
MWM INC.

2. Principal Office Address
5832 N. Suncoast Blvd
Suite, Apt. #, etc.
City & State
Crystal River, FL
Zip 34428 Country U.S.

3. Mailing Office Address
5832 N. Suncoast Blvd
Suite, Apt. #, etc.
City & State
Crystal River FL
Zip 34428 Country U.S

2001-2002 VBR

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 Dunedin State FL Zip Code 34698

200007168532--6
-08/14/02--01045--009
****300.00 ****300.00

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 Thomas Trask Date 6/20/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
Pres-Tr	Wayne H Moore je.	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)(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: Wayne H Moore jr 5-11-12 352-564-2386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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.