

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000064947

1. Corporation Name

D.W.W., INC.

Principal Place of Business

11505 OSPREY POINTE BLVD.  
CLERMONT FL 34712

Mailing Address

P.O. BOX 120367  
CLERMONT FL 34712  
US

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

07/22/1998

5. FEI Number

59-3525020

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	WALLACE, DAVID W	P.O. BOX 120367	CLERMONT FL 34711
			500004716325--0 -12/10/01--01088--016 ****758.75--****758.75

REINSTATEMENT 01

8. Name and Address of Current Registered Agent

WALLACE, DAVID W  
10832 CR 561-A  
CLERMONT FL 34711

9. Name and Address of New Registered Agent

Name David W. Wallace  
Street Address (P.O. Box Number is Not Acceptable) 11505 Osprey Pointe Blvd.  
Suite, Apt. #, Etc.  
City Clermont State FL Zip Code 34711

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-23-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
David W. Wallace 10-23-01 3944421

Date

Daytime Phone #

CR2E040 (8/01)