

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION  
FOR



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

FILED

00 OCT 30 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000074815**

1. Corporation Name

**HWH ENTERPRISES, INC.**

Principal Place of Business

3850 WASHINGTON STREET #807  
HOLLYWOOD FL 33021

Mailing Address

3850 WASHINGTON STREET #807  
HOLLYWOOD FL 33021

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

08/27/1998

5. FEI Number

65-0862557

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
D	SCISSORS, ROBERT I	14335 WINDCREEK DR.	CHESTERFIELD MO 63017
D	SCISSORS, SAUNDRA	14335 WINDCREEK DR.	CHESTERFIELD MO 63017

0000003472920-2  
-11/21/00--01076--019  
\*\*\*\*150.00 \*\*\*\*150.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

SCISSORS, BRUCE  
3850 WASHINGTON STREET #807  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/14/00

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]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/00  
Date Daytime Phone #

CR2E040 (800)

**GERSON, PRESTON & COMPANY, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS

GARY R. GERSON, CPA  
RICHARD C. PRESTON, CPA  
ALAN S. ROSEN, CPA  
ARTHUR I. BROWN, CPA  
JAMES P. ROBINSON, CPA  
DONALD M. GERSON, CPA  
DANIEL S. KUSHNER, CPA  
STEVEN F. KLEIN, CPA

STEPHEN R. TEPPER, CPA  
BARRET BLECKER, CPA  
MANNY M. ILAGAN, CPA  
CALVIN BECKER, CPA  
ROBERT P. FEDDERMAN, CPA  
EDUARDO M. ZUNIGA, CPA  
ROSE B. ROBINSON, CPA  
JUDD A. BERKLEY, CPA  
EDWARD D. DEPPMAN, CPA  
DOROTHY S. EISENBERG, CPA  
MARSHALL SAPERSTEIN, CPA  
SCOTT N. WOOLMAN, CPA  
DAVID A. STEINBERG, CPA  
BARRY A. DRESSLER, CPA  
MELISSE G. BURSTEIN, CPA  
MICHAEL T. BADEN, CPA  
RONALD A. UNGER, CPA  
BAYARDO AGUILAR, CPA

MIAMI BEACH OFFICE  
666 SEVENTY-FIRST STREET  
MIAMI BEACH, FLORIDA 33141

DADE: (305) 868-3600  
BROWARD: (954) 522-3202  
BOCA RATON: (561) 392-9059  
PALM BEACH: (561) 833-9573  
ORLANDO: (407) 843-1159  
TAMPA: (813) 228-9275  
FACSIMILE: (305) 864-6740

REPLY TO: MIAMI BEACH OFFICE

BOCA RATON OFFICE  
ONE BOCA PLACE • SUITE 324A  
2255 GLADES ROAD  
BOCA RATON, FLORIDA 33431  
TEL: (561) 392-9059  
FACSIMILE: (561) 997-9392

TAMPA OFFICE  
THE FINANCIAL CENTER  
2701 WEST BUSCH BLVD • SUITE 131D  
TAMPA, FLORIDA 33618  
TEL: (813) 228-9275  
FACSIMILE: (813) 225-1254

MEMBERS  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

October 25, 2000

Division Of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: HWH Enterprises, Inc.  
Doc. No.: #P98000074815

Dear Sir or Madam:

I am writing to you on behalf of my client listed above in response to the Application For Reinstatement that he received.

Please be advised that my client states that this is the first mailing received for the 2000 year and that a first report or second request was never received. My client's mailing address is correct so the reason for this error by the Department is unknown. My client did call the Department and they stated that it is possible the report was mailed to the Missouri address of the officers. Please note that address is no longer a valid address.

At this time my client has enclosed a signed reinstatement form and a check for the initial \$150.00 due with this filing and requests that all penalties and delinquency fees be abated by the Department due to reasonable cause.

Should you require anything further, please contact the taxpayer directly.

Very truly yours,

  
ALAN E. STANDER, CPA

AES:cl