

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000104068

1. Corporation Name

K.W.R. ENTERPRISE, INC.

Principal Place of Business

1417 CHAMALE LANE  
PORT ORANGE FL 32119

Mailing Address

1417 CHAMALE LANE  
PORT ORANGE FL 32119

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

12/11/1998

5. FEI Number

59-3546846

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
PD	RUMBOW, KIRK W <i>RumLow,</i>	1417 CHAMALE LANE	PORT ORANGE FL 32119
			100003479091--4 -11/28/00-01102-011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

TICE, JAMES E  
16220 S.W. 280TH ST.  
HOMESTEAD FL 33031

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/2000

Date

904-322-4159

Daytime Phone #

**JAMES E. TICE ASSOCIATES**

Accountants  
16220 S.W. 280th Street  
Homestead, Florida 33031

Telephone: (305) 247-3700  
Fax: Call First  
Cellular Phone: 305-322-5715

Nov 2 2000

Florida Dept of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fla. 32314

Re: KWR Enterprises, Inc.  
D98600104068

Please accept this payment for Mr  
Reimold never received the first  
meeting.

Thank you for this consideration

James E Tice  
Accountant