

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000009397

1. Corporation Name

M. W. CORPORATION

Principal Place of Business

Mailing Address

4403 NORTH ARMENIA  
TAMPA FL 33603

4403 NORTH ARMENIA  
TAMPA FL 33603

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3555927

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	MOUZAHEM, HUSSEIN	4403 NORTH ARMENIA	TAMPA FL 33603

600023856846  
10/16/03--01054--016 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOUZAHEM, HUSSEIN  
3610 LANDINGWAY DRIVE, APT. 305  
TAMPA FL 33624

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/9/03

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

Date

10/9/03

Daytime Phone #

CR2E040 (7/03)

October 9, 2003

Florida Department of State  
Division of corporations  
P.O box 6327  
Tallahassee, Florida

Re: M. W. Corporation  
-Armenia Amoco  
4403 north Armenia  
Tampa FL. 33603  
59-3555927


Dear Sirs,

I am in receipt of document # P99000009397, which states that M. W. Corporation did not file its Florida annual report/ uniform business report for the year 2003.

This corporation did not receive any form or second notice regarding this form. Please waive the \$600.00 reinstatement fee, as M. W. CORP. was not notified that this was due and did not receive the proper form.

The form provided with this notice has been sent with the \$150.00 filing fee.

Respectfully,

  
Hussein Mouzâhem, President  
M. W. Corporation