

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY -2 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600111194216
10/23/07--01017--015 **300.00

DOCUMENT # *P99000059036*

1. Corporation Name

CWD Enterprises Corporation

2. Principal Office Address - No P.O. Box #

25077 7th STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Summerland Key, FL

City & State

Zip
33042

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/1999

5. FEI Number
650946632

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Joyce Esquinaldo

25077 7th Street (Not Acceptable)

Suite, Apt. #, etc.

City
Summerland Key

State
FL

Zip Code
33042

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date *October 17, 2007*

REGISTERED AGENT MUST SIGN

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 | Joyce Esquinaldo | <i>25077 7th Street</i> | <i>Summerland Key, FL 33042</i> |
| VP | Victoria Madeya | <i>25077 7th Street</i> | <i>Summerland Key, FL 33042</i> |
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600111194216
05/02/08--01031--001 **150.00

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 contained in Chapter 119, 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:

Victoria Madeya

10/17/07

305-293-3097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #