

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 AUG -4 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA9000061771

1. Corporation Name

CGW Enterprises, Inc.
4299 A1A South
Saint Augustine, FL 32080

300058187619
08/03/05--01024--004 **1050.00

REINSTATEMENT 03-05

2. Principal Office Address
4299 A1A South

3. Mailing Office Address
4299 A1A South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Saint Augustine, FL

City & State

Saint Augustine, FL

Zip

32080

Country

St. Johns

Zip

32080

Country

St. Johns

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 29, 1999

5. FEI Number

59-3589815

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

Christopher Williams

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

321 Royal Caribbean Court

Suite, Apt. #, Etc.

City

Saint Augustine

State

FL

Zip Code

32080

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

Christopher Williams
REGISTERED AGENT MUST SIGN

Date

7/20/05

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
P	Christopher Williams	321 Royal Caribbean Court	Saint Augustine, FL 32080

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 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

7/20/05

Daytime Phone #

8/4/05

CR2E081 (07/05)