

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P99000069051

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1. Corporation Name  
CEW, INC.

Principal Place of Business  
1199 SOUTHWEST 123RD AVENUE  
PEMBROKE PINES FL 33025

Mailing Address  
12289 PEMBROKE ROAD  
PMB 33  
PEMBROKE PINES FL 33025



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

2. New Principal Office Address, If Applicable 3520 SW 144 AVE		3. New Mailing Office Address, If Applicable 3520 SW 144 AVE		4. Date Incorporated or Qualified To Do Business in Florida 08/04/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0519824	
City & State MIRAMAR, FL		City & State MIRAMAR, FL		Applied For Not Applicable	
Zip 33027	Country UNITED STATES	Zip 33027	Country UNITED STATES	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PRST	WILSON, CHAD E	1199 SOUTHWEST 123RD AVENUE	PEMBROKE PINES FL 33025
PRST	WILSON, CHAD E	3520 SW 144 AVENUE	MIRAMAR, FL 33027

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-12/08/00--01027--025  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		Name CHAD WILSON	
		Street Address (P.O. Box Number is Not Acceptable) 3520 SW 144 AVE	
		Suite, Apt. #, Etc.	
		City MIRAMAR,	State FL
		Zip Code 33027	

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  
REGISTERED AGENT MUST SIGN

Date 11-14-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-00  
Date

(954) 436-6239  
Daytime Phone #

CR2E040 (8/00)

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P99-  
69051  
November 14, 2000

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

Dear Secretary of State:

I have been informed that my corporation has been dissolved because of failure to file a business report for the year 2000. I have been having serious problems receiving my mail at the address that you have on file for CEW Inc. and would ask that all correspondence be forwarded to the new address indicated in the application enclosed. I never received any notices regarding the filing of the business report nor have I received any correspondence, outside of the dissolution notice, from your office regarding this matter. Based on these troubles, I would ask that you waive the \$500 penalty and accept the enclosed check for \$150 for reinstatement of CEW Inc. I apologize for the tardiness and confusion but the circumstances surrounding my failure to file the report were out of my control. Thank you, sincerely.



Chad Wilson  
Registered Agent and President  
CEW Inc.