PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				FILED 02 JUN 10 PM 3: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDY.						
DOCUMENT # P99000082620 1. Corporation Name									Ţ	ALLAHA:	SSEE, FL	DRHA.		
CWR DESIGNS, INC.											(1B	R	
2. Principa	al Office Addre	•	3. Mailing Office Address				7			_		\sim		
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Suite, Apt. #		01666	CHODEC I	Suite, Apt.		Oxee	CHODEE	-			"	$\mathcal{I}(\mathcal{I})$	0	
	e 511			Suite 511				4. Date I	ncorporate	or Qualified	 .			
City & State				City & State				To Do	Business i	n Florida	9/1:	3/99		
WPB, FL 33409				WPB, FL 33409				5. FEIN				Appli	ed For	
Zip Country			· · · · · · · · · · · · · · · · · · ·				65-	-1010	353		Not A	Applicable		
3340	19		, ted Stat		109	Country Unit	ed State	6. CERTIF	ICATE OF ST	ATUS DESIRE		Additional F		
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	7. Name and Address of Current Registers Name													
	Carlos Ramirez								31_11		970		4	
	Street Address (P.O. Box Number is Not Acceptable)								06/25/02 01038 -010 ****450.00 ****450.00					
136 North Robbins Drive										100 00	Transaction .	176*00		
	oute, Apr. #, Etc.													
÷	City West Palm Beach								State Zip Code 33407					
8. I, being	appointed the	register	ed agent of the abov	e pamed corp	oration, arr	ı familiar wit	h and accept the o	obligations of	section 607	.0505 or 617.	.0503, F.S.		(10/6)	
Signature of Registered Agent MUST SIGN									Date					
9 Names	and Street Ar	draceae	of Each Officer and				tions must list at h	ooot 2 disasto	1					
	and direct ric	Jul 03303	Name of	Oi Director (I	Tonda nonp		et Address of Eac		15)					
Titles Officers and/or Directors				Officer and/or Director					City / State / Zip					
P Carlos W. Ramire			z	_130	6 N R	obbins .l	Drive	MI	B, FL	3340	7			
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this rein owed by	nstatement ap y the corporat application is	plication, ion have true and :	director or the recein the reason for disso been paid and the naccurate, and my sign	plution has been ames of individual transfer shall h	en eliminate iduals listed nave the sar	d, the corpor on this form ne legal effe	rate name satisfie i do not qualify for ect as if made unde	s the requirent an exemption er oath,	nents of sec	tion 607.0401 ion 119.07(3)	or 617.0401,	F.S., that al	l fees	
		GNATURE	AND TYPED OR PRI	NTED NAME OF	SIGNING O	FFICER OR D	DIRECTOR		Date	-	Daytime	Phone #	_ 	

Evelyn F. Parkes, CPA, P.A.

Certified Public Accountant

Phone: 561-689-2700 • Fax: 561-697-8621

2012

2240 Palm Beach Lakes Blvd., Suite 100, West Palm Beach, FL 33409

June 6, 2002

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

Department of Reinstatement:

The following letter is in regards to CWR Designs, Inc. Document # P99000082620. As the current accountant for the corporation I am responding to their current inactive status and their last event of an Admin Dissolution For Annual Report. The corporation is still an active corporation with the federal government and would like to be an active corporation with the State of Florida.

Currently we have been informed of fees totaling \$1050.00 dollars, due to the absence of filing the Uniform Business Report on an annual basis since 2000. CWR Designs, Inc. relocated in 2000, and the principal address as well as the mailing address on record for the corporation are incorrect; therefore, the mailings for the UBR were never received by the corporation, which would explain the absence in filings.

In an attempt to remain current with the State of Florida enclosed is a completed Corporation Reinstatement application as well as the fees prior to penalties for the years 2000 - \$150.00, 2001 - \$150.00 & 2002 - \$150.00.

Since the lack of filing was unintentional we would appreciate your help with the above situation. If you have any questions please feel free to contact me at 561-689-2700.

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Best regards,

Yvette E. Rochefort Staff Accountant

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