

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000094256

1. Corporation Name

MWBS, INC.

2. Principal Office Address

4694 Duncan Road

3. Mailing Office Address

4694 Duncan Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip

33982

Country

USA

Zip

33982

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/20/99

5. FEI Number

65-0958746

☒

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

Hal F. Wotitzky

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

223 Taylor Street

Suite, Apt. #, Etc.

City

Punta Gorda

State  
FL

Zip Code

33950-4427

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

*Hal F. Wotitzky*  
REGISTERED AGENT MUST SIGN

Date 10/31/02

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
D/P, S/T	John Desrosiers	4694 Duncan Road	Punta Gorda, FL 33982

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:

*John Desrosiers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1031/02

Date

(941) 637-6053

Daytime Phone #

CR20081 (9/01)

# WOTITZKY, WOTITZKY, ROSS & GOLDMAN, P.A.

ATTORNEYS AT LAW

223 TAYLOR STREET  
PUNTA GORDA, FLORIDA 33950-4427

TELEPHONE (941) 639-2171  
FAX (941) 639-8617  
ENGLEWOOD (941) 473-1700

WEB SITE:  
[www.wotitzkylaw.com](http://www.wotitzkylaw.com)

EDWARD L. WOTITZKY \*  
HAL F. WOTITZKY \*\*  
WARREN R. ROSS \*\*\*  
JASON B. GOLDMAN  
ERNEST W. STURGES, JR.  
MELANIE H. TUTTLE

FRANK WOTITZKY  
LEO WOTITZKY  
OF COUNSEL

\*FL BAR BOARD CERTIFIED  
REAL ESTATE LAWYER

\*\*CERTIFIED MEDIATOR-  
CIRCUIT AND FAMILY LAW

\*\*\*FL BAR BOARD CERTIFIED  
CITY, COUNTY AND LOCAL  
GOVERNMENT LAWYER

October 31, 2002

## VIA FEDERAL EXPRESS

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

Re: Reinstatement of MWBS, Inc.

To whom it may concern:

Enclosed please find the Corporation Reinstatement form and filing fee of \$150.00 for the above-referenced company.

If you have any questions, please do not hesitate to call me.

Sincerely,

WOTITZKY, WOTITZKY, ROSS  
& GOLDMAN, P.A.

By: 

Hal F. Wotitzky, Esq.

HFW/ji  
Enclosure

ESTABLISHED 1940

PERSONAL INJURY • WRONGFUL DEATH • NURSING HOME NEGLECT • CIVIL LITIGATION • CRIMINAL LAW  
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