PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1982

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 15 AM 8:00

DOCUMENT # **P99000099968**

1. Corporation Name

PWFI ENTERPRISES INC.

Principal Place of Business	Mailing Address
~~4008 W. LINEBAUGH AVE.~~	~~P.O BOX 272154~~
~~TAMPA FL 33624~~	~~TAMPA FL 33624~~

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

REINSTATEMENT 03 MRS

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4305 CLAIRTON CT	PO Box 272154
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TAMPA	TAMPA
City & State: FLA 33624	City & State: FLA
Zip	Country: USA
Zip: 33624	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/12/1999

5. FEI Number: 22-3690174 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DEFRANCISCO, ANTHONY	~~4008 W. LINEBAUGH AVE.~~ 4305 CLAIRTON CT	TAMPA FL 33624
V	DEFRANCISCO, PATRICIA	~~4008 W. LINEBAUGH AVE.~~ 4305 CLAIRTON CT	TAMPA FL 33624

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12/18/03--01057--013 **158.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DEFRANCISCO, ANTHONY ~~4008 W. LINEBAUGH AVE.~~ 4305 CLAIRTON CT ~~TAMPA FL 33624~~ TAMPA, FLA 33624	Name: PATRICA DEFRANCISCO Street Address (P.O. Box Number is Not Acceptable): 4305 CLAIRTON CT Suite, Apt. #, Etc.: City: TAMPA State: FL Zip Code: 33624

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Patricia DeFrancisco — Date: 12/12/03
REGISTERED AGENT MUST SIGN

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: Patricia DeFrancisco — PATRICA DEFRANCISCO — 12/12/03 — 1-800-240-8919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Fla Dept of State

I never Received the notice for 2003 - Please waive the 600 penalty -

I am enclosing my check for 150 + 8.75 for a certificate of status. - & a Fed Ex - envelope. - to please send right back to me -

Thank you for your help with this.

PWFJ ENT.

[signature]

You can reach me at 1-800-280-8919 if you have any questions