

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 25 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA9000110434

1. Corporation Name

dworcks.com, Inc.

2. Principal Office Address

26720 Attirmed Dr.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip 33544

Country US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

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

5. FEI Number

15-361530

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

Alex Moreno

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

26720 Attirmed Dr.

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33544

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/1/04

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
<u>P</u>	<u>Alison Moreno</u>	<u>26720 Attirmed Dr.</u>	<u>Wesley Chapel, FL 33544</u>
<u>VP</u>	<u>Alex Moreno</u>	<u>26720 Attirmed Dr.</u>	<u>Wesley Chapel, FL 33544</u>

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)(f), 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:

ALEX MORENO

Alex Moreno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2004 813-973-9872

Date

Daytime Phone #

CR2E081 (01/04)

Bworks.com, Inc.
26720 Affirmed Drive, Wesley Chapel, FL 33544
813.973.9872 / f. 707.202.2178 alison@bworks.com

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

EIN: 59-3615730

Re: Corporation Reinstatement

-To Whom It May Concern:-

The enclosed is my reinstatement form again for the corporation: bworks.com, Inc.

This corporation was dissolved in 2003 for failure to report and file the 2003 corporate annual report/uniform business report form.

We had never received the form, and I apologize that it was never filed or investigated.

After speaking with a specialist on the phone, I was told that the re-filing fee would be waived if I filled out the form and sent the filing fees needed for reinstatement.

Your department already has our original payment of \$300 and the check has been cashed.

Thank you very much for resolution of this issue. I appreciate it.

Sincerely,



**Alison Berke Morano
26720 Affirmed Drive
Wesley Chapel, FL 33544**