

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S26969

1. Corporation Name

E.W.R. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1989 SW St. Andrews Drive
Palm City, FL 34990

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1989 SW St. Andrews Drive 1989 SW St. Andrews Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm City, Florida

Palm City, Florida

Zip

Zip

Country

Country

34990

USA

34990

USA

4. Date Incorporated or Qualified
To Do Business in Florida

January 23, 1991

5. FEI Number

65-0237517

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/S/D	EDWINA S. REISIG	1989 SW St. Andrews Drive	Palm City, FL 34990

600002483136--- 8
-04/03/98--01106--006
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Edwina S. Reisig
3331 S.W. 42nd Avenue
Palm City, FL 34990

Name

Lawrence E. Crary III

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

555 Colorado Avenue

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

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

Lawrence E. Crary III
REGISTERED AGENT MUST SIGN

Date 4/2/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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

Edwina S. Reisig

4-2-98
Date

(561) 285-8612
Daytime Phone #

REINSTATEMENT 95-98