PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA REINSTATE			;	Secretar	TMENT OF State	STATE			M 8: 47			
DOCUMENT # 5 955-45 1. Corporation Name							TALLAH	urum U ASSEE	F STATE FLORIDA			
JW MANUFACTURING, INC.								EINSTATEMENT 03-04				
2. Principal Office A 4365-81R Suite, Apt. #, etc.	3. Mailing Office Address 4365 BIRCH ST- N.E Suite, Apt. #, etc.				700028639 347 02/12/0401023010 **150.00							
City & State	City & State				4. Date Incorporated or Qualified To Do Business in Florida ///20/9/							
ST PETERSBURG IFC. Zip Zip Zip Zip Zip Zip Zip Zip Zip Zi			5T-P2	103	SBURG Country PINE	* 1	6. CEDITICATE OF STATUS DESIDED [7] \$8.75 Additional F					
		e te a dia di sectioni di		<u> </u>	Address of Cur		red Agent	OF STATUS	DESIRED [or a Certificate	of Status.	
Name WAYNE M. BATTA6WA Street Address (P.O. Box Number is Not Acceptable) 4365 BIRCH ST. N.E. Suite, Apt. #, Etc. City ST. PETERSBURG State 70002863994 103/03/0401051014 *											i	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the objection of Registered Agent RECONTRIBED AGENT MUST SIGN								n 607.0505				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea								State of Esphanish Surviva success	· · · · · · · · · · · · · · · · · · ·	COMPANIE AND ADDRESS OF THE PARTY OF THE PAR		
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip					
PID WAY	WAYNE M. BATTAGL			LIA 4365 BIRCHST.A			I.E. ST. PETERS BURGITA				3.3703 Z-	
			en riggi galaphin en r-an	-	_ ·				, · 	• =		
		4 1 1 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1					-					
					•	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</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 filling 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:												

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

Dear Sir or Madam:

Attrached herewith is the Corporation Reinstatement form for J&W Manufacturing, Inc. We are respectfully requesting a waiver of the usual reinstatement-fee-of-\$750.00-due-to-extenuating-circumstances.

The circumstances are as follows:

We did not receive the annual report form in the year 2003 needed to file. We also did not receive a notice of dissolution later in the year. We did move in April of 2003, and filed the necessary address forwarding forms with the US Postal Service.

Since the failure to file in a timely manner was not intentional, we respectfully request a reinstatement without the increased fee. Enclosed is our check for \$150.00 for the year 2003. We are following this procedure as per disclosed to us by your electronic phone messaging system.

Please be assured that when we receive reinstatement, we will immediately file our Uniform Business Report for 2004.

We appreciate your attention to this matter, and eagerly await your reply.

Sincerely:

Wayne M Battaglia, President

J&W Manufacturing, Inc.

4365 Birch Street N.E.

St. Petersburg, Fl. 33703

Tel. 727-896-7143