## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # V63096

1. Corporation Name

i.D.W. SERVICES, INC.

Principal Place of Business

7129 BLUE EARTH CT ORLANDO-FL-32818

Title

Mailing Address

4544 DAVIES ST ·APOPKA-FL-92712

32712

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

New Principal Office Address, If Applicable 1528 KANGAROO CT.	3. New Mailing Office Address, if Applic	Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State A QUOKA, FI	City & State  FLOOP KAT FI	
Country 1154	Zip 32712 Country U	5A

REINSTATEMENT

FILED

00 JAN -6 PM 1:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

-			<u> </u>
4.	Date Incorporated or Qualified To Do Business in Florida	001141	4000
		09/11/	1992
5.	FEI Number		Applied For
	59-3141511		Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required

for a Certificate of Status

	HERNANDEZ,	MARIO	4544 DAVI	ES ST	APOPKA FL	
(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
mes a	nes and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					

PD	HÉRNANDEZ, MARIO	4544 DAVIES ST		APOPKA FL	
STD	HERNANDEZ, ROSALVA	4544 DAVIES ST		APOPKA FL	
				<del>0003099725 3</del> -01/14/0001099013 *****500.00 *****500.00	
<u></u>			50	00030997253 -01/14/0001093014	

	Name	•	
<del></del>	Nomo		
8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
		i-123	
	***	****250.00 <u>*</u> ***250.00	
		-01/14/0001099014	

City

HERNANDEZ, MARIO 4544 DAVIES ST APOPKA FL 32712

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

Suite, Apt. #, Etc.

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

1-2-8500

State

Zip Code

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-2000-2578126

Date Daytime Phone #