

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 13 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000003320**

1. Corporation Name

**KBW INC.**

Principal Place of Business

**4018 FIELDBROOK LANE  
JACKSONVILLE FL 32223**

Mailing Address

**4018 FIELDBROOK LANE  
JACKSONVILLE FL 32223**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/01/2001**

5. FEI Number

**59-3698693**

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
DP	WADE, KENNETH M	4018 FIELDBROOK LANE	JACKSONVILLE FL 32223
DST	WADE, REBECCA S	4018 FIELDBROOK LANE	JACKSONVILLE FL 32223

400023768264  
10/13/03--01101--020 \*\*150.00

8. Name and Address of Current Registered Agent

**JOSEPH, JOE M  
4241 BAYMEADOWS RD., #5  
JACKSONVILLE FL 32217**

9. Name and Address of New Registered Agent

Name

**JOSEPH, JOE M.**

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

**6820 ST. AUGUSTINE RD**

Suite, Apt. #, Etc.

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32217**

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

**10/10/03**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kenneth M Wade 10/10/03 904 2924051**

Date

Daytime Phone #

CR2E040 (7/03)

KBW, INC.  
4018 FIELDBROOK LANE  
JACKSONVILLE, FL 32223

OCTOBER 9, 2003

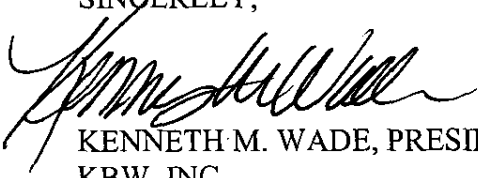
FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314-6327

RE: WAIVER PER INSTRUCTIONS

I HAVE NOT RECEIVED ANY CORRESPONDENCE NOR REPORTS FROM THE  
STATE UNTIL THIS CURRENT "NOTICE OF ADMINISTRATIVE DISSOLUTION".  
I AM THEREFORE REQUESTING A WAIVER OF THE REINSTATEMENT  
PENALTY FEE AND ENCLOSING PAYMENT OF \$150 ALONG WITH THE  
REPORT IN QUESTION.

YOUR CONSIDERATION IS APPRECIATED.

SINCERELY,

A handwritten signature in black ink, appearing to read "Kenneth M. Wade", is written over the typed name.

KENNETH M. WADE, PRESIDENT  
KBW, INC.