PLEASE READ A	LL INSTRUCTIO	NS BEFORE C	OMPLETING TH	IS FORM. APPROVED	
FLORIDA DEPARTMENT OF STATE Katherine Harris FOR Secretary of State			FILED		
REINSTATEMENT DIVISION OF CORPORATIONS		99 HOV 29 PM 1:52			
DOCUMENT # K9840 6					
SPW INDUSTRIES OF FLORIDA, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address					
2762 W. BEAUER ST. JACKSONVILLE, PL. 32220		GA. 30260			
If above addresses are incorrect in any way, line through incorrect information and enter correct. New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable 3 New Mailing Office Address, If Application 1 New Mailing Office Address, If Application 2 New Mailing Office Address, If Application 2 New Mailing Office Address, If Application 2 New Mailing Office Address New Mailing New		nd enter correction below. idress, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For		
City & State	City & State		59-2962507 Not Applicable		
Zip Country	Zip	Country	6. CERTIFICATE OF STATU	US DESIRED 15 \$8.75. Add the aid Fee to intended to a Ceathboate of Status	
7. Names and Street Addresses of Each Officer and/	or Director (Florida nonpro	I fit corporations must list at le	ast 3 directors)		
Title(s) Title(s) 2 Name of Officers and/or Directors	1	Street Address of Eac Officer and/or Directo to NOT Use Post Office Box	per and/or Director		
P STEPHEN Williams		Smethod To	-,	WHENCEUIUS, GA. 30044 WENCEUIUS, GA. 30044 12/15/9901069015 ****900.00 ****900.00	
			$\perp \Delta$	V \	
8. Name and Address of Current	t Registered Agent	Name	9. Name and Address	d New Pegistered Algent	
TOURS FILE			Street Address (P.O. Box Number is Not Acceptable)		
4301 CONFEDERATE A	Suite, Apt. #,				
JACKSONVILLE, FL 32210			State Zip Code		
10. 1, being appointed the registered agent of the a				1(15/99	
Signature of Registered Agent Donald E.		ST SIGN	Dai	(See other side for information	
11. This corporation owes the Intangible Personal Prop	erty lax due su		s No 🛭	on intangible tax.)	
12. I certify that I am an officer or director or the re this reinstatement application, the reason for di owed by the corporation have been paid and the on this application is true and accurate, and my	significant and the sale light	nd on this form do not qualify	/ for an exemption under sec inder oath.	AIDIT TTO OT (O)(V) TTO OTHER THE	
SIGNATURE: SIGNATURE AND THEO OR	PRINTED NAME OF SIGNING	OFFIGER OF DIRECTOR	111	(800) 852 - 8473 Defrime Phone #	