

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 # H63433

1. Corporation Name

RWS INVESTMENTS (FORMERLY SANDLEHAVEN, INC.)

Principal Place of Business 6800 PLACIDA ROAD ENGLEWOOD, FL 34224	Mailing Address 6800 PLACIDA ROAD ENGLEWOOD, FL 34224
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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		4. Date Incorporated or Qualified To Do Business in Florida 9/8/83	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2559630	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**REINSTATEMENT** *99-00*

FILED  
00 JUN 26 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	ROBERT SPADE	6800 PLACIDA ROAD	ENGLEWOOD, FL 34224
			9000003329219--5 -07/20/00--01013--027 ****750.00 ****750.00
			3000003329223--3 -07/20/00--01013--028 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ROBERT L. UNDERWOOD CARL A. BERTOCH, PA 537 E. PARK AVE. TALLAHASSEE, FL 32301		Name ROBERT L. UNDERWOOD Street Address (P.O. Box Number is Not Acceptable) 537 EAST PARK AVE. Suite, Apt. #, Etc. City TALLAHASSEE State FL Zip Code 32301	

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 *Robert L. Underwood* Date 6/15/00  
REGISTERED AGENT MUST SIGN

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.) **KE**

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 name 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: *Robert W. Spade* 6-19-00 941-697-8454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT W. SPADE Date Daytime Phone #