

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 OCT 13 PM 5:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** K68488

1. Corporation Name

**R.S Construction of Southwest Florida, Inc**

2. Principal Office Address

**7173 SW CR 769**

Suite, Apt. #, etc.

3. Mailing Office Address

**7173 SW CR 769**

Suite, Apt. #, etc.

City & State

**Arcadia, FL**

City & State

**Arcadia, FL**

Zip

Country

**34266**

**Desoto**

Zip

Country

**34266**

**Desoto**

600024241786  
10/29/03--01012--023 \$4750.00  
**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**4/1/1989**

5. FEI Number

**65-0184044**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**RAYMOND J. SMITH**

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

**6350 RIVERSIDE DR**

Suite, Apt. #, Etc.

City

**PUNTA GORDA**

State

**FL**

Zip Code

**33982**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Raymond J. Smith*  
REGISTERED AGENT MUST SIGN

Date **10/10/2003**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| DP     | Ray Smith                            | 6350 RIVERSIDE DR                                 | PUNTA GORDA, FL 33982 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

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 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:

*Raymond J. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/2003

Date

863-993-0880

Daytime Phone #