


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -7 AM 10:43

DOCUMENT # *M00383*

1. Corporation Name

WALTER SWEETING AND ASSOCIATES, INC

2. Principal Office Address

1525 SW 101 WAY #303

3. Mailing Office Address

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Zip

33026

Country

AMERICA

Zip

Country

REINSTATEMENT

96.00

4. Date Incorporated or Qualified
To Do Business in Florida

5/09/1984

5. FEI Number

650516913

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

WALTER SWEETING

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

1525 SW 101 WAY

Suite, Apt. #, Etc.

303

City

Pembroke Pines, FL

State

FL

Zip Code

33025

900003491659-4

-12/08/00-01043-005

***1208.75 ***1208.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

02.30.2000

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T	WALTER SWEETING	1525 SW 101 WAY #303 Pembroke Pines, FL 33025	

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. 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]

WALTER SWEETING JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/2000 (305) 439-6525

Daytime Phone #

CR2E081 (9/99)