

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -7 AM 10:43

DOCUMENT # *M00393*

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

33025

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

Oct. 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
<i>P/S/T</i>	<i>WALTER SWEETING</i>	<i>1525 SW 101 WAY #303 Pembroke Pines, FL 33025</i>	

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., and 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

Daytime Phone #

(305) 439-6525

CR2E081 (9/99)