

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JAN -6 AM 8:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **M00383**

1. Corporation Name

WALTER SWEETING AND ASSOCIATES, INC.

Principal Place of Business

1525 SW 101 WAY
 #303
 PEMBROKE PINES FL 33025

Mailing Address

1525 SW 101 WAY
 #303
 PEMBROKE PINES FL 33025



02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~5207 SW 167th Ave~~

Suite, Apt. #, etc.

~~201~~

City & State
~~MIRAMAR, FL~~

Zip
~~33027~~

Country

3. New Mailing Office Address, If Applicable

5007 S.W. 167th Ave

Suite, Apt. #, etc.

201

City & State
 MIRAMAR, FL

Zip

33027

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/09/1984

5. FEI Number

65-0516913

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
PST	SWEETING, WALTER	1525 SW 101 WAY #303 5007 SW 167th Ave	PEMBROKE PINES FL 33025 MIRAMAR, FL

900009863329
 01/06/03--01038--016 **900.00

8. Name and Address of Current Registered Agent

SWEETING, WALTER
 1525 SW 101 WAY
 #303
 PEMBROKE PINES FL 33025

9. Name and Address of New Registered Agent

Name **WALTER SWEETING**
 Street Address (P.O. Box Number is Not Acceptable)
 5007 SW 167th Ave
 Suite, Apt. #, Etc.
 201
 City **MIRAMAR** State **FL** Zip Code **33027**

CR2E040 (9/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/30/02

11. 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:

SIGNATURE REQUIRED
 WALTER SWEETING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/02

Date

954-422-4252

Daytime Phone #