PLEASE READ ALL INSTRUCTIONS BEFORE COM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 2004 8:00 A.M.
Secretary of State

DOCUMENT # M95108

1. Corporation Name
AMERIWEST DEVELOPMENT CORPORATION
6039 CYPRESS GARDENS BLVD. # 304
WINTER HAVEN, FL 33884

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
6039 CYPRESS GARDENS BLVD	6039 CYPRESS GARDENS BLVD
Suite, Apt. #, etc. #304	Suite, Apt. #, etc. #304
City & State WINTER HAVEN, FL	City & State WINTER HAVEN, FL
Zip / County	Zip / County

4. Date Incorporated or Qualified To Do Business in Florida 8/19/1968

5. FEI Number — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: AGENTS AND CORPORATIONS, INC.
Street Address (P.O. Box Number is Not Acceptable): SUITE E, 773 4TH AVENUE NORTH
Suite, Apt. #, Etc.:
City: NAPLES — State: FL — Zip Code: 34102

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section s 37.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/94)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	REDDING R. STEVENSON	6039 CYPRESS GARDENS BLVD. #304	WINTER HAVEN, FL 33884
CVD	MARION B. STEVENSON	6039 CYPRESS GARDENS BLVD. #304	WINTER HAVEN, FL 33884

10. I certify that I am an officer or director of the reserver 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 revocation 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(s) on the same legally attest to it made under oath.

SIGNATURE: _____ 2/27/04 (828)497-7829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. Redding Stevenson

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

CORPORATION REINSTATEMENT

AMERIWEST DEVELOPMENT CORPORATION

Certificate of Status	0
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