FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 28 PM 12:11

DOCUMENT # P00000033629

1. Entity Name
Reywill, Corp.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2741 W Columbus Dr	2741 W Columbus Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33607 Country:	Zip: 33607 Country:

4. FEI Number: 65-0996606 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Milagros Rodriguez

Street Address (P.O. Box Number is Not Acceptable): 2741 W Columbus Dr

City: Tampa FL Zip Code: 33607

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X [signature] (Signature of new registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	
NAME	Milagros Rodriguez
STREET ADDRESS	2741 W Columbus Dr
CITY-ST-ZIP	Tampa FL 33607
TITLE	S
NAME	Antonio Rodriguez
STREET ADDRESS	2741 W Columbus Dr
CITY-ST-ZIP	Tampa FL 33607
TITLE	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ ~~600~~.00 for the annual report fee with my application.
150—

Please be advise that we moved since November 01, 2000 we moved to 2741 W COLUMBUS DRIVE TAMPA, TAMPA, FL 33607 and we did not receive the U.B.R. for the year 2001, or any other notice from the Division of Corporations in respect with the Corporation **R EYWILL, CORP.**

Thank you for your courtesy in this matter.

MILAGROS RODRIGUEZ
PRESIDENT