

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000004445**

1. Corporation Name

A-RW, INC.

Principal Place of Business

**4009 AUDUBON DR.
LARGO FL 33771**

Mailing Address

**4009 AUDUBON DR.
LARGO FL 33771**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/2001

5. FEI Number

-59-3691388

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**



REINSTATEMENT 03

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WINKLER, ROBERT E	4009 AUDUBON DR.	LARGO FL 33771

600024178426
10/27/03--01115--015 **150.00

8. Name and Address of Current Registered Agent

**CIANFRONE, JOSEPH R
1968 BAYSHORE BLVD.
DUNEDIN FL**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

10/22/03

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)(l), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/03

A-RW Inc.
4009 Audubon Drive
Largo Florida 33771
727-519-0681
Tax ID #59-3691388
10-22-03

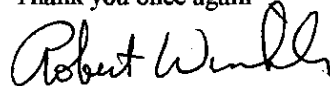
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

To Whom it may concern:

I would like to apologize for not sending in this form earlier. We have had problems with our mail carrier in the beginning of this year. I hope you can accept this form at this time with the payment of \$150.00. My corporation did very well the first year and has fallen a bit with the economy. The corporation can not afford the \$750.00 fees and I would have to dissolve the company. I hope you can work with me and correct this problem.

I spoke to Markitta today from your office and she advised me to write this letter in hopes of keeping the corporation alive. I would like to thank you in advance for your help. If you have any questions please call me at 727-519-0681.

Thank you once again

A handwritten signature in black ink, appearing to read "Robert Winkler". The signature is fluid and cursive, with the first name "Robert" and last name "Winkler" clearly distinguishable.

Robert Winkler