


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000047225 1. Entity Name RSTWDI, INC.					
Principal Place of Business 3825 37TH STREET E PALMETTO, FL 34221			Mailing Address 3825 37TH STREET E PALMETTO, FL 34221		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3728727	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SAURI, CYNTHIA M 3825 37TH ST SUITE E PALMETTO, FL 34221			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Cynthia Soluri</u> <u>Cynthia Soluri President Nov 5 - 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLURI, CYNTHIA 3825 37TH ST, SUITE E PALMETTO, FL 34221 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 5px; text-align: center;"> 100111222141 10/23/07--01043--010 \$750.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOLURI, RODGER T 3825 37TH ST, SUITE E PALMETTO, FL 34221 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rodger T. Soluri TREASURER 707-409-9645
SIGNATURE, TITLE, FEE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
07 NOV -7 AM 10:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

11/16