

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 NOV 20 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200137480152
10/30/08--01025--014 **1050.00

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 06/26/2001

5. FEI Number
59-3727392 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2002-2008
DOCUMENT # P01000063381

1. Corporation Name

GWS PROPERTIES, INC.

2. Principal Office Address - No P.O. Box #

1701 West Watrous Avenue

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33606

Country

US

3. Mailing Office Address

1701 West Watrous Avenue

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33606

Country

US

7. Name and Address of Current Registered Agent

Name

Jeffrey T. Shear

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

1701 West Watrous Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jeffrey T. Shear

REGISTERED AGENT MUST SIGN

Date 10/28/08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Jeffrey T. Shear	1701 West Watrous Avenue	Tampa, FL 33606
V/D	Stephan C. Shear	2611 Bayshore Blvd., #1606	Tampa, FL 33629

10. 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 contained in Chapter 119, 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:

Jeffrey T. Shear

Jeffrey T. Shear, President

10/28/08

813-222-6653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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