

2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05 Reinst.
FILED

05 SEP 19 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P02000024331 1. Entity Name RGW MANAGEMENT, INC.	
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Principal Place of Business 53 Lake Morton Drive Lakeland, FL 33801	Mailing Address 53 Lake Morton Drive Lakeland, FL 33801
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2. Principal Place of Business 53 Lake Morton Drive Suite, Apt. #, etc.	3. Mailing Address 53 Lake Morton Drive Suite, Apt. #, etc.
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City & State Lakeland, Florida	City & State Lakeland, Florida
Zip 33801	Zip 33801
Country USA	Country USA

08222005	REIN-P	CR2E098 (6/04)
4. FEI Number 01-0615270	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

WATERS, ROBERT G
307 MORNIGSIDE DR.
LAKELAND, FL 33803

7. Name and Address of New Registered Agent

Name
Stephen W. Baylis
 Street Address (P.O. Box Number is Not Acceptable)
53 Lake Morton Drive
 City **Lakeland** **FL** Zip Code **33801**

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 **Stephen W. Baylis** 9 / 16 / 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME	DPT <input checked="" type="checkbox"/> Delete WATERS, ROBERT G
STREET ADDRESS	307 MORNIGSIDE DR.
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE NAME	DVS <input type="checkbox"/> Delete WATERS, CORNELIA M
STREET ADDRESS	307 MORNIGSIDE DR.
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cornelia M. Waters
STREET ADDRESS	307 Morningside Drive
CITY-ST-ZIP	Lakeland, FL 33803
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

700059750197
09/19/05--01061--002 **900.00

Cm 9/20/05

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cornelia M. Waters **Cornelia M. Waters** 9 / 16 / 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #