

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 FEB 19 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1293000014646

1. Corporation Name
A S & W of MARIANNA INCORPORATED

Principal Place of Business: **HIWAY 90 EAST
MARIANNA, FL 32446**
Mailing Address: **P. O. BOX 21
MARIANNA, FLA 32447**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida JUNE 22, 1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1319986	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P-S	ROBERT N. ASBELL	4620 EAST LAFAYETTE STREET	MARIANNA, FL 32446
D	BETTY DUFFEE	3364 BEVIA ROAD	MARIANNA, FL 32446
			4 00002092944--0 -02/20/97--01030--006 ****915.00 ****915.00

REINSTATEMENT 96-97
A. Alan
2-19-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
		Name ROBERT N. ASBELL			
		Street Address (P.O.-Box Number is Not Acceptable) 4620 EAST LAFAYETTE STREET			
		Suite, Apt. #, Etc.			
		City MARIANNA,		State FL	Zip Code 32446

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.
Signature of Registered Agent: Robert N. Asbell REGISTERED AGENT MUST SIGN Date: 2-17-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(i), 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: Robert N. Asbell **ROBERT N. ASBELL** **FEB. 14, 1997** **904/482-2962**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)